S. Hrg. 99-877

# THE COST TO THE U.S. ECONOMY OF DRUG ABUSE

---

## HEARINGS

BEFORE THE

SUBCOMMITTEE ON ECONOMIC GOALS AND INTERGOVERNMENTAL POLICY

OF THE

## JOINT ECONOMIC COMMITTEE
## CONGRESS OF THE UNITED STATES

NINETY-NINTH CONGRESS

FIRST SESSION

AUGUST 6, 7, AND 8, 1985

Printed for the use of the Joint Economic Committee

U.S. GOVERNMENT PRINTING OFFICE
59-835 O WASHINGTON : 1986

For sale by the Superintendent of Documents, Congressional Sales Office
U.S. Government Printing Office, Washington, DC 20402

J841-31

59-835 O - 86 - 1

## JOINT ECONOMIC COMMITTEE

[Created pursuant to sec. 5(a) of Public Law 304, 79th Congress]

### HOUSE OF REPRESENTATIVES

DAVID R. OBEY, Wisconsin, *Chairman*
LEE H. HAMILTON, Indiana
PARREN J. MITCHELL, Maryland
AUGUSTUS F. HAWKINS, California
JAMES H. SCHEUER, New York
FORTNEY H. (PETE) STARK, California
CHALMERS P. WYLIE, Ohio
DANIEL E. LUNGREN, California
OLYMPIA J. SNOWE, Maine
BOBBI FIEDLER, California

### SENATE

JAMES ABDNOR, South Dakota, *Vice Chairman*
WILLIAM V. ROTH, Jr., Delaware
STEVEN D. SYMMS, Idaho
MACK MATTINGLY, Georgia
ALFONSE M. D'AMATO, New York
PETE WILSON, California
LLOYD BENTSEN, Texas
WILLIAM PROXMIRE, Wisconsin
EDWARD M. KENNEDY, Massachusetts
PAUL S. SARBANES, Maryland

SCOTT LILLY, *Executive Director*
ROBERT J. TOSTERUD, *Deputy Director*

---

## SUBCOMMITTEE ON ECONOMIC GOALS AND INTERGOVERNMENTAL POLICY

### HOUSE OF REPRESENTATIVES

LEE H. HAMILTON, Indiana, *Chairman*
AUGUSTUS F. HAWKINS, California
OLYMPIA J. SNOWE, Maine

### SENATE

LLOYD BENTSEN, Texas, *Vice Chairman*
ALFONSE M. D'AMATO, New York
PETE WILSON, California

# CONTENTS

## WITNESSES AND STATEMENTS

### Tuesday, August 6, 1985

Page

D'Amato, Hon. Alfonse M., member of the Subcommittee on Economic Goals and Intergovernmental Policy, presiding: Opening statement ..... 1
Morin, Lucien, county executive, Monroe County, NY ..... 2
Nagle, Hon. James, New York State assemblyman ..... 5
Harwood, Henrick, author ..... 9
Griffith, Chester, Xerox employee assistance program ..... 13
Austin, Rowland, General Motors employee assistance program ..... 14
Johnson, Catherine, EAP manager, Project Restart ..... 18
Cowden, Richard, Onondaga Council on Alcoholism and Addiction, Onondaga County, NY ..... 21
Anonymous witness ..... 25
Doyle, John, vice president, the Doyle Group, on behalf of the New York State Association of Alarm Dealers ..... 30
Rick, Bernard, executive vice president, Security Safe, Inc ..... 31
Kearns, Glenn R., security consultant ..... 34

### Wednesday, August 7, 1985

D'Amato, Hon. Alfonse M., member of the Subcommittee on Economic Goals and Intergovernmental Policy, presiding: Opening statement ..... 37
Mulroy, John H., county executive, Onondaga County, NY ..... 38
Boudreau, Donald D., M.D., commissioner, Department of Mental Health, Onondaga County, NY ..... 39
Brown, Harold C., Jr., county legislator, Onondaga County, NY ..... 41
Jung, H.Y., M.D., service chief, adolescent unit, Benjamin Rush Center, Syracuse, NY ..... 43
Dougherty, Ronald J., M.D., administrative service chief, chemical abuse recovery services, Benjamin Rush Center, Syracuse, NY, and medical director, Pelion, Inc., Syracuse, NY ..... 47
Kivari, Edward E., executive director, Onondaga Council on Alcoholism/Addictions, Inc., Onondaga County, NY ..... 57
McVernon, Father John, director, community education, Mediplex Group, Inc., New York, NY ..... 61
Cohen, Jessica, director, alcohol-drug prevention and education program, Onondaga-Madison Counties, NY, Board of Cooperative Education Services ..... 66
Koenig, Mary Lou, dean of students and assistant vice president for student life, Syracuse University ..... 71
Lamparella, V.J., Jr., M.D., director, student health service, Syracuse University ..... 76
Lohrmann, David K., health education coordinator, Syracuse University ..... 87

### Thursday, August 8, 1985

D'Amato, Hon. Alfonse M., member of the Subcommittee on Economic Goals and Intergovernmental Policy, presiding: Opening statement ..... 101
Boehlert, Hon. Sherwood L.: Opening statement ..... 102
Scullin, Frederick, U.S. attorney, Northern District of New York ..... 106
Schlesinger, Steven R., Director, Bureau of Justice Statistics, Department of Justice ..... 108

Page
Buckley, John T., senior judge, Oneida County, NY, and legislative chairman, New York State County Judges' Association ........ 112
Hasenower, William, sheriff, Oneida County, NY ........ 119
Donalty, Barry M., district attorney, Oneida County, NY ........ 120
Vitagliano, Paul, executive director, Insight House, Oneida County (NY) Drug Abuse Treatment Program ........ 123
White, Rose, director, Youth Bureau, Oneida County, NY ........ 126
John, recovering alcohol abuser ........ 148

## SUBMISSIONS FOR THE RECORD

### WEDNESDAY, AUGUST 7, 1985

Dougherty, Ronald J., M.D.: Prepared statement ........ 53
Koenig, Mary Lou: Prepared statement ........ 74
Lamparella, V.J., Jr., M.D.: Prepared statement, together with attachments .... 78
Lohrmann, David K.: Prepared statement ........ 89
McVernon, Father John: Prepared statement ........ 64

### THURSDAY, AUGUST 8, 1985

Boehlert, Hon. Sherwood L.: Written opening statement ........ 104
White, Rose: Various statistics relevant to drug and alcohol abuse ........ 130

# THE COST TO THE U.S. ECONOMY OF DRUG ABUSE

---

## TUESDAY, AUGUST 6, 1985

Congress of the United States, Subcommittee on Economic Goals and Intergovernmental Policy of the Joint Economic Committee,

*Washington, DC.*

The subcommittee met, pursuant to notice, at 10 a.m., in the Federal Courthouse, Rochester, NY, Hon. Alfonse M. D'Amato (member of the subcommittee) presiding.

Present: Senator D'Amato.

### OPENING STATEMENT OF SENATOR D'AMATO, PRESIDING

Senator D'Amato. The Joint Economic Committee hearing on the cost of drug abuse to the American economy will come to order. Drugs in the workplace and the impact of drug-related crime on American business are of major concern.

Today in Rochester, the Joint Economic Committee begins the most thorough review it has ever conducted to examine the cost of drug abuse to the American economy. This cost is now approaching $200 billion a year, and it is growing. I want to thank the chairman of this committee, Representative David Obey, and Congressman Lee Hamilton, the chairman of the Subcommittee on Economic Goals and Intergovernmental Policy, for making these hearings possible.

The hearings will develop information on how deeply the drug abuse epidemic is seeping into American life. Today we will focus on drugs in the workplace and the impact of drug-related crime on American business. Tomorrow in Syracuse, we will examine the ways that drug and alcohol abuse increases hospitalization and other health care costs, and we will look at its harmful effects on our schools. In Utica on Thursday, the focus is on the cost to the criminal justice system, more particularly on the way young people become trapped in criminal activity because of drug and alcohol abuse.

We are also here to examine the many costs that we cannot measure in monetary terms, the loss of life and domestic tranquility, directly caused by drug addiction and crime. We will never be able to assign a dollar value to the lives that are lost and the fear that people live in.

We are in a battle for our very survival, and we are losing that battle. The only way to turn the tide is with a three-point attack that combines law enforcement, prevention, and treatment. For this reason, I have introduced the Comprehensive Law Enforcement Prevention and Treatment Act. This bill directs that each of these three areas will receive one-third of the hundreds of millions of dollars in money and property that we confiscate every year from drug dealers. To win this war, we must turn the great wealth of the drug kingpins into the weapons that can destroy them.

To win, we must also have the active involvement of an enlightened and aroused public that says, "We have had enough. This is no way to live." It is the purpose of these hearings to focus the full attention of the public, the business community, and public officials so that we can fight back and restore the domestic tranquility our Constitution promises.

Our witnesses today include Monroe County Executive Lucien Morin and State Assemblyman James Nagle. Xerox and General Motors have sent their chief executives from their employee assistance program headquarters in Connecticut and Detroit. We will hear from several other witnesses, including the author of the most comprehensive study to date on the subject of these hearings, executives of private security firms, and a former drug user, who will testify about the burglaries and other crimes he committed to support his habit.

I now welcome our first panel: Monroe County Executive Lucien Morin and Assemblyman James Nagle, the ranking member of the New York State Assembly Committee on Health and Chairman of the Minority Task Force on Crime Victims.

Welcome, and thank you for coming.

## STATEMENT OF LUCIEN MORIN, COUNTY EXECUTIVE, MONROE COUNTY, NY

Mr. MORIN. Thank you very much, Senator D'Amato. Certainly we congratulate you and the committee for holding the hearing here in Rochester and Monroe County, and we're grateful for the opportunity to address the committee on the subject of the cost of substance abuse to the County of Monroe.

Awareness of drug and alcohol abuse is growing in our society, and no longer can chemical dependency be quickly dismissed as a problem faced only by a few. It reaches into all levels of our community, causing devastating effects, not only for the abusers but for those closer to him, families, friends, coworkers.

The price of drug abuse is paid by all of us, in human suffering and in real dollars, a price, which is at best, very difficult to total. But even conservative estimates of the actual moneys lost to substance abuse are staggering, as you have indicated in your news conference.

It is difficult to ascertain the exact extent of substance abuse in Monroe County. However, as seen from the law enforcement prospective alone, drug and alcohol abuse indeed is a problem in our county. Based on data obtained from local law enforcement agencies in 1984, there were 3,801 DWI and DWAI arrests, more than 270 arrests for the sale and possession of drugs, more than 400 criminal drug charges placed, more than 1,000 search warrants for drugs executed. There were $618,000 in illegal drug seizures made in our county.

The problem is also seen in increased cost to local government and law enforcement. Approximately $1 million annually is expended by Monroe County law enforcement agencies for personnel devoted strictly to drug trafficking in our county. This does not include the cost of routine police patrol or officers, deputies assigned to community service units which present educational and present programs to our schools and students on the danger of drug and alcohol abuse. Nor does it reflect the cost of criminal investigation of crimes indirectly related to drug abuse, such as burglaries which are motivated to support drug habits.

Law enforcement costs have also increased with the enactment of stricter DWI laws. For instance, approximately $652,000 in stop DWI funds were spent in Monroe County in 1984.

Also to be considered are the costs created by drug-related crimes, the costs reflected in such factors as increased security and insurance expenditures and blighted neighbors.

According to the local office of the National Counsel on Alcoholism, 10 percent of the American population over 15 years of age is chemically dependent. There is no reason to believe that this figure misrepresents the problem locally. In addition to looking at the extent of the problem in terms of users, one must look at the problem of codependency, a primary illness which effects the family members of users and often leaves them dysfunctional. As many as 25 percent of the children in our schools come from alcoholic homes. Surely this illustrates a wide impact of chemical dependency and underscores the impact of accurately tabulating the costs a community pays for drug abuse.

The economic impact of drug abuse on the community is illustrated by the 1984 figures from the Division of Substance Abuse Services of the State of New York. According to their statistics, the average active drug addict cost the community $32,700 a year: $26,800 in theft losses; $3,300 in law enforcement costs; and $2,600 in health expenses.

The statewide average annual cost for maintaining an inmate in prison is $21,000, and the average cost for residential and outpatient treatment of a drug addict in the State is $3,847.

In purely economic terms, chemical dependency has been estimated to cost the national business and industry $20 to $25 billion per year. These losses are due to such factors as excessive absenteeism, tardiness, poor job performance, higher health insurance rates and greater accident rates.

Recognizing that chemical dependency will not automatically resolve itself, business and industry have joined with the State and local governments to attack the problem on three levels: Prevention; treatment; and law enforcement.

The State of New York has raised the drinking age to 21 in recognition that alcohol is the first drug to which youths are exposed and that alcohol is the most frequently used drug by those under 18 years of age. Although alcohol is often mistaken as harmless, especially by the young, it is the cause of substantial physical and psychological damage and is the cause for nearly half of all the deaths to youths under 24.

In the area of prevention, Monroe County has become involved in several programs which confront the issue of chemical dependency. Monroe County has adopted a very aggressive stop DWI program. Of the $650,000 spent in 1984, one-third was channeled to public education and areas of the criminal justice system other than enforcement, such as prosecution, adjudication, and probation.

A very visible component of this prevention effort has been the use of public service announcements concerning driving and drinking, many of which are targeted toward young drivers. The county sheriff's department, the community service unit of the sheriff's department, as well as other local law enforcement agencies conduct programs on alcohol and drug abuse to schools and businesses and civic organizations.

Parenthetically I might add the medical examiner's office had a fine program earmarked particularly for high school students, and this morning I have discussed with a member of the New York State Assembly the possibility of a pilot program earmarked for Monroe County where we might have a specific program beginning in 1986 that would be targeted for high school seniors before prom time in Monroe County and hopefully—I know that Assemblyman Nagle and others from Monroe County would support that, and that would be another positive step in that area.

In the areas of community prevention and treatment, Monroe County is seen as a leader. Several local not-for-profit agencies are contracted by the county to provide prevention and treatment services to the citizens dealing with chemical dependency and problems. Approximately 20 different organizations provide alcohol treatment programs representing more than $4 million of combined State and county support annually. The 1986 projection also shows $273,760 in agency contributions, primarily from the United Way.

At least 10 agencies provide drug, other than alcohol, treatment programs under contract with the county, and many are involved in prevention activities. The cost of this service system is approximately $2.4 million a year, and it is supported primarily by State funding.

Employee assistance programs—which help workers to deal with their chemical dependency—are seen as a benefit to both the employee and to the company for which he works. The local business community stands as a model for other areas in the country in its progressive and readily accessible employee assistance programs. For example, approximately 30,000 local employees are covered under contract with the health association, the primary local employee assistance program provider. In addition, both Kodak and Xerox and other major industries in the county of Monroe, as well as labor organizations have provided such programs for their employees.

Acknowledging that our greatest resource is our employees, Monroe County government is establishing what we hope will be a model employee assistance program. Our program focuses on encouraging employees who have chemical dependency problems to seek professional counseling and treatment voluntarily. We are dropping stricter administrative procedures to be followed in any event the county employee is identified as using drugs or alcohol on the job. The administrative policies are designed to protect the employee, the work environment and to prevent on the job accidents.

Much is being done in Monroe County to combat the economic and human costs of drug abuse. However, increased funding is needed to support the expanding existing programs, as well as the new ones. Our Nation's and the community's most important resource is our people, and if we are to deal effectively with those who have drug or alcohol dependencies, dollars are needed.

Beyond the need for monetary support, programs need to be developed which cross traditional boundaries and address the coordination and liaison between and amongst existing systems. In dealing with substance abuse and alcoholism, too often, we have developed artificial categories. That has tended to fragment rather than focus the community efforts in our attempts to deal with the spectrum of issues and the related costs created by the abuse of drugs.

Successful approaches to combating substance abuse must address all levels, prevention, treatment, law enforcement in a very integrated and well planned manner in recognition of the interdependence of these areas.

Senator, again, on behalf of the County of Monroe, we are very pleased that you chose Rochester to begin these hearings. I have present with us today, Dr. Andrew Peterson, who was able to respond to technical questions, if necessary, and Chief Barket from the sheriff's office who is very versed to address the law enforcement areas should there be any particular questions dealing in the law enforcement aspect of this very important topic. Thank you very much.

Senator D'AMATO. Mr. County Executive, let me thank you. You once again have accredited yourself, your office, and more importantly the people of Monroe in such a manner as to add substantially to these hearings. We do have some questions, but you have the thanks of this Senator and the committee for your participation and for your cogent presentation, as usual.

Assemblyman Nagle, please proceed.

## STATEMENT OF HON. JAMES NAGLE, NEW YORK STATE ASSEMBLYMAN

Mr. NAGLE. Thank you very much for the opportunity to be with you this morning and to participate. You know this is a subject area that extends far beyond even the most serious numbers that one can develop, that one can look to, that one can imagine. At times it defies comprehension. I don't say that lightly. I must tell you that prior to my service in the New York State Assembly, it was difficult for me to imagine the scope of this problem.

I think if I may just quickly illustrate with a few numbers here what the economic cost in this State is for those who are substance abusers. If you relate those numbers to business activity, to productivity and what we're looking at is, simply stated, those who are abusers as being one-third less productive, three times more likely to be injured on the job, and of course, frequently absent, we're talking something on the order of $17 billion.

The health care cost, which in this State is reaching what we are looking at at the present time, anyway, proportions that are alarming, truly. We have been in the forefront in this State in our attempt to contain health care costs, and we find that the one area that has been extremely difficult for us to gain a handle on has been in the area of substance abuse.

Now, our—at the State level, Division of Alcohol and Alcoholism Abuse has, as one of its components, the Division of Substance Abuse. I'd like to, for the balance of my remarks, zero in on that particular area, rather than getting to the broadly based—more broadly based area, including alcoholism, which of course we recognize as an extremely difficult problem, not only in this State, but in this Nation.

I'd like to, by the way, as sort of an aside, indicate that during the course of a trip to the Soviet Union 2 years ago, with every level of governmental official I met, one of the first questions was, "Is the drug problem as serious in your country as we are told?" And what one of my responses had to come back in the form of, "Certainly it's as serious as alcoholism is a problem in your nation." I might add we are talking still, essentially, of the same problem.

One of the ways in which we at the State level have addressed the question of substance abuse has been through, just as County Executive Morin indicated, employee assistance programs in the private sector. We have been able to accommodate, within the State framework, employee assistance programs established beginning in 1983. We have some degree of track records now to look back on and to give you some idea of how those employee assistance programs have worked. I can tell you they have worked very well.

Generally speaking, it has been found that anywhere from 15 to 20 percent of employees who require or are—have had referrals as a result of this program, are directly the result of substance abuse.

Now, today, in the State of New York, we have 210 employee assistance program committees within the context of State government. We have 257 coordinators, all of who are volunteers, and we find that for our workforce of some 200 thousand, this has, to date, worked quite adequately.

We find that we can relate a cost, by the way, of about $1½ million, not in direct dollar appropriation costs, but in what the costs of the loss of services and the loss of time on the part of those who are volunteers who participate in this program is. So we find that at $1½ million level, this is a very cost effective program.

Now, as far as the legislature itself is concerned, when we look to the area of the division of substance abuse, we're talking of an annual budget approximating $150 million. However, we found during the year 1985, this current year, there is sufficient interest to have appropriated an additional $5 million that directly relates to the question of substance abuse.

What I'm saying, in effect, of course, is that we're talking about extremely substantial numbers.

And I must tell you that I was very impressed with an interview, and I think it was actually a Channel 11, New York, Independent News reporter, who did an interview noontime in the city of New York with those who were taking a break, a routine break at noontime, and it wasn't the three martini lunch in this case. It went beyond that. And it was certainly alarming, but very interesting to note that the substance that was utilized for the most part was cocaine.

And when we find out today, during this year of 1985 at the realization that if we're to look at the three most common, if you will, drugs that are abused, it's cocaine, followed by alcohol, followed by marijuana in the State of New York today. And by no means is this problem, by the way, confined to the five borroughs of the city of New York.

Our best projections, going through the year 1989, indicate that an increase in drug and substance abuse alone will be on the order of 10 to 12 percent in the metropolitan New York City area. In western New York and the Finger Lakes region, our area, we can expect, at the present rate, to see an increase of something on the order of 22 percent. Very frightening, very sobering.

At this point, I would just like to touch very briefly on the relationship between substance abuse and crime, and certainly at the very best, it is a very complex relationship. I have found through my own service as the chairman of minority task force on crime victims, the degree of relationship between drug and substance abuse and crime, certainly, again to be one that exceeded my original expectation or my original evaluation.

As Mr. Morin indicated, we have a total prison population today in this State, something on the order of 34,000. Twelve percent are there directly attributed to the abuse of dangerous drugs, and I'm getting into the area of heroin and so on.

Now, the costs, and we're using a cost today, something on the order of $21,000 to $22,000 per inmate reaches numbers that, as an example, those who are incarcerated and who can directly be traced to being there as a result of a crime committed related to substance abuse, approaching $100 million.

In summary, Senator, while I've touched very briefly on two areas, there is no question in my mind that whether we like it or not in this State, this subject matter is one that's going to continue to plague us, is one that's going to require our focus and our intention.

I commend you for your leadership, not only certainly in the State of New York, but in this Nation in bringing the question to the point of where we will have the opportunity to focus in and address it. Thank you.

Senator D'AMATO. Well, thank you, Assemblyman. At this point, I'd like to focus in on one aspect that you have touched on. I think it's important that one-third of all State prisoners were under the influence of drugs when they committed their crimes. That's nationwide, one-third. Thirty percent of those committing violent crimes, and 40 percent of those committing burglaries, were under the influence of drugs when they committed the crimes, and more than one-half had taken drugs during the month before their crime.

There is now a very famous study with respect to American addicts. There are approximately 500,000 addicts in this Nation of which 200,000 to 300,000 are believed to be in the New York area. That's a shocking figure, but let me ask you, of 243 heroin addicts who were studied in Baltimore, over an 11-year period of time, 243 addicts, how many crimes do you think these 243 committed? They committed over 500,000 crimes, a half a million.

So that indeed a heroin addict many times and in many cases is literally a walking crime machine, a person who becomes totally involved with supporting that habit. That is his or her No. 1 purpose in life, no other purpose than to raise funds sufficient to feed that habit. I think it is shocking.

This study was commenced back in 1982, the University of Maryland, Baltimore. Again, it tracked for 11 years, 243 addicts, and it demonstrated they committed 500,000 crimes. And people wonder why there are the burglaries, and the other crimes.

And of course, the phenomena of cocaine is one I think we're going to continue to see. I have a number of questions, and I'd like to submit them to you, Mr. County Executive and Mr. Assemblyman. But do we have any figures that would indicate how many of the prisoners we have in our local jails are there because they committed crimes to support their drug habit?

Mr. MORIN. I think we have that data, and I would be glad to submit that to the committee.

Senator D'AMATO. I think that would be most interesting.

Mr. BARKET. Jerry Barket, chief of detectives, Monroe County Sheriff's Office. I don't have the figure how many are in there for that. On repeated prisoners using drugs, it's 76 percent of the Monroe County Jail.

Senator D'AMATO. Say it again, 76 percent of your repeat offenders in the Monroe County Jail are using drugs. Is that what you said?

Mr. BARKET. Yes, sir.

Senator D'AMATO. Well, you know, that number should make everyone's head turn around or lift you off the seat, 76 percent. And what I'm suggesting is that figure is not going to be different, or very much different, in any other jurisdiction in this country. Indeed, it may be a lot worse in some areas, and we had better wake up to what is taking place.

We have a criminal justice system that is entirely bogged down. We have overcrowded prison conditions. It costs millions and millions of taxpayer dollars to run our prison systems, local jails, in addition to the State, and here we have 76 percent of those who will come back into this system, the repeat offenders that are on drugs.

I find that number and that statistic to be rather shocking. I have to admit that. I shouldn't find it shocking, given the information we have begun to put together in bits and pieces that shows this epidemic. I am rather set back at the lack of public awareness and the lack of programs to really deal with this epidemic. And I'm not talking about setting up 200 little community outreach programs with everyone, every well-intentioned group trying to set up their own program, and beating their chest saying there's a drug problem. I saw that in the past. I think we need a very concerted action, and as a nation, we haven't seen that kind of leadership to date.

Let me thank you, all of you, County Executive Morin for your initiatives in beginning to undertake this assistance program with the county workers, for the cogency of your testimony. Assemblyman Nagle, thank you for your leadership on the State level, and our thanks to our sheriff's department. I would hope that you could answer many of these questions that we're going to submit to you, in terms of the drug-related crimes, how many prisoners come in as a result directly of drugs, how many are under drug rehabilitation programs, et cetera, in writing. We would be deeply appreciative so we would have a fuller record, and we could share that with my colleagues and staff. Thank you very much.

Mr. MORIN. Thank you.

Mr. NAGLE. Thank you very much.

Senator D'AMATO. Our second panel consists of Henrick Harwood, who is the author of Economic Costs to Society of Alcohol and Drug Abuse and Mental Illness; Chester Griffith of the Xerox Employee Assistance Program; Rowland Austin, General Motors; Catherine Johnson, EAP manager for Project Restart; and Richard Cowden, Onondaga Council on Alcoholism and Addiction. Mr. Harwood.

## STATEMENT OF HENRICK HARWOOD, AUTHOR

Mr. HARWOOD. Good morning, Senator.

Senator D'AMATO. Good morning. Thank you for your participation, and thank you for the wonderful scholarly book you have written.

Mr. HARWOOD. I would like to applaud the work of the committee in examining the economic costs of alcohol and drug abuse. I think it's a very important perspective.

Senator D'AMATO. Can I stop you just for a minute? Why don't you take that microphone.

Mr. HARWOOD. I believe the economic cost of alcohol and drug abuse presents a very important perspective with which to examine these problems of society. It's not the only perspective one can take, but it does provide a comprehensive framework with which you can summarize any of the different diverse consequences of alcohol and drug abuse.

Today I'd like to talk about several different kinds of economic impacts of these problems. First of all, the economic costs, as you would calculate in the framework, that can be comparable to the costs for other health problems, such as cancer, circulatory disease. Second of all, I'll briefly mention what we know about expenditures on drugs and alcohol, and finally, I'll make some mention about transfer costs.

First of all, according to our economic calculations, substance abuse, including alcohol and drugs, is far and away the leading health cost problem in our society today. It is far above circulatory diseases, which include heart disease and stroke. It's far above cancer, and it's far above motor vehicle crashes. We're talking about an economic cost in 1983 of about $180 billion with some inflation and population growth. That may mean a $200 billion price tag in 1985.

Senator D'AMATO. Are you talking just in the health related areas?

Mr. **Harwood**. We're talking all aspects of costs. All health problems have costs which relate to health services, as well as productivity losses, mortality losses, requirement for other services.

Senator D'**Amato**. Again, it generated from the health problems that are created, are we then following these costs?

Mr. **Harwood**. Yes, and that is a consequence oriented framework by which we can say we identify tangible consequences, tangible results that are due to alcohol abuse and drug abuse that are due to cancer, that are due to circulatory disease, and we can put a value on it, because they do fit within our economic framework.

In 1980, the most recent year for which we have comparable estimates for these other problems, the economic costs for alcohol and drug abuse were about $90 billion and $47 billion—$90 billion for alcohol abuse and $47 billion for drug abuse. In comparison, circulatory diseases cost about $75 billion, which is somewhat greater than drug abuse by itself, but less than alcohol abuse is and certainly much less than the combined. Cancer costs about $40 billion, and motor vehicle crashes cost about $50 billion.

When you combine the sum total of alcohol and drug abuse, we're talking substance abuse, which really needs to be considered together, you have overwhelmed each of those other kinds of health problems.

Now, just a few points about the methodology that we used to estimate these costs. The initial caveat is that we attempted to be conservative in making our cost estimates. We did not want to and we did not need to inflate our cost estimates. We tried to make realistic cost estimates that would run on the low side, if any side. We built it on a consequent oriented framework, meaning you could count heads, entries, admissions into the hospitals for treatment. We could count the number of people going to jail, the number of crimes that are committed.

We tried to use some sense of causality. By causality, I mean that while over 50 percent of motor vehicle deaths may involve alcohol abuse, there are always ameliorating circumstances, such as the time of day, the road conditions, which may have also led to those crashes, so that we made adjustments for causality factors that would serve to make our estimates more conservative rather than the estimates that would result by simply looking at the involvement of alcohol abuse and drug abuse in these consequences that we're estimating the prices of.

Finally we're using market values, that is what are these goods paid for in the market? How much does a person's productivity bring them when they work for someone? How much does the Federal Government pay for particular services, such as incarceration, such as police costs. So we stuck very closely to the economic framework here.

In 1983, as I said, the total cost of alcohol abuse was about $117 billion; drug abuse, $60 billion, a total of $177 billion.

According to our estimates, far and away, the leading costs of these two problems were reduced productivity and the workforce. We were able, during the course of our study, to make some analyses, which had not previously been carried out, using economic models on nationwide surveys of the general population. From those, we found significant impacts on productivity in the work force of alcohol abuse and drug abuse.

We found that about 10 percent of the work force suffered from alcohol abuse that would reduce their productivity on the job, and about 5 percent of the work force would suffer from—minimally 5 percent of the work force—would suffer from drug abuse, that is indicated to reduce their productivity. By 10 percent, we're talking about over 10 million people with alcohol problems. And by 5 percent, we're talking about over 5 million people with drug problems. Those costs came to $66 billion for alcohol abuse, $33 billion for drug abuse.

A quick note about the comparison, the prevalence of alcohol abuse in the work force is twice as great as that of drug abuse in the work force. They are both very appreciable numbers. They are very, very significant numbers in the work force.

Senator D'AMATO. Do you see any growth or trends in any of those?

Mr. HARWOOD. The nationwide studies performed during the 1970's indicated no trend for alcohol abuse. That was relatively stable.

Senator D'AMATO. Ten percent?

Mr. HARWOOD. About 10 percent. For drug abuse they found an increasing trend through 1979, and the 1982 survey they found a reduction in the prevalence of drug abuse.

However, we have come to learn that the consumption of cocaine has really exploded in the last 3 or 4 years, and cocaine was not really something for which we could estimate the costs in our study. There was just not enough data about cocaine when we performed the study. Therefore, we just don't have the numbers to call that. But in terms of marijuana and other studies, other substances, there was a decrease between 1979 and 1982. We're talking 10 to 15 percent, a maximum of 15 percent of our work force that has a significant problem with chemicals.

If you look at the productivity impacts that we measure for alcohol abuse, we found that the productivity impact is 21 percent. In making this estimate, we compared alcohol abusers to comparable peers, that is people of the same age, race, sex, education level, number of years in the work force, and we found a difference of 21 percent. Now that's a pretty hard and fast number, although, it is an estimate. It could be high, or it could be low, like all statistical analyses.

It is very comparable to a number of estimates which have been made from small studies, studies which have gone into a particular workplace or small populations, so we feel we have some confidence in it, and we're especially happy that we were able to make this study using a nationwide household survey that is representative of everyone.

The comparable impact for drug abuse is that there is a 28 percent reduction in productivity for people with the indicated pattern of drug abuse, relative to their peers. Now, the estimate for drug abuse, 28 percent, versus the estimate for alcohol abuse, 21 percent, is somewhat greater. I would like to say they are fairly close, and there is probably a reason for that. And that is notably that within the drug abuse population, you find that very many of these people also are abusing alcohol, and that within the young alcohol abusing populations, if you simply identify those, a large number of those are also abusing drugs. There is definitely an overlap in those populations as substitution, if you will, a multiple use problem.

If we look at what these numbers imply relative to the national economy, in 1983, the gross national product was $3.3 billion. Our estimate of—$3.3 trillion, excuse me. Our estimate of $66 billion, then, is about 2 percent of gross national product foregone, lost, down the drain, because of alcohol abuse. For drug abuse we're talking about 1 percent of gross national product. Perhaps we're losing, only due to reduced productivity, 3 percent of gross national product.

In a day and age when productivity of the work force is running at about 1 percent per year, a loss of 3 percent per year is to be deplored. That 3 percent per year does compound at least a significant reduction in our overall economic welfare over extended periods of time, over short periods of time.

The other economic costs that we looked at were crime, premature mortality, motor vehicle crashes and the cost of treatment. In terms of crime, our estimate for drug abuse was a loss to the Nation of $22 billion in 1983. That was somewhat more than a third of the total economic costs. I would contrast that with the loss due to reduced productivity, $33 billion. Our numbers provide an indication that the economic impact of drugs is greater in the work force than it is due to the crime that we see.

On the other hand, for alcohol abuse, the crime costs were about $6 billion compared to the $26 billion of reduced productivity. The mortality costs for these were the next largest elements: Eighteen billion dollars in losses for alcohol abuse, about $2½ billion for drug abuse, motor vehicle crashes, perhaps a fifth of the motor vehicle crashes and their costs—the motor vehicle crash costs, I should say, can be causally linked to alcohol abuse, that is there are no ameliorating circumstances. We're talking about $11 billion in 1983.

Now, if we get down to what society is doing about this, we have already heard about the significant resources being put into it in the State of New York and the city of Rochester and the area around it. Our Nation, as a whole, is spending about $4 billion to treat and rehabilitate alcohol abusers, $4 billion compared to the total economic cost of $117 billion. We're talking about 4 percent of the costs which are—of the total costs which are being used to rehabilitate people, to help them to recover from a disease, from an illness, from an addiction. In the case of drug abuse, those expenditures are $2 billion, again $2 billion compared to $6 billion, perhaps 3 percent of the total cost in drug abuse.

I think that it is applaudable that your committee and your bill are considering what we can do in our Nation to reduce the plight of alcohol abuse and drug abuse. I think it's applaudable that you have put together a three-pronged approach, which is looking at not only control, justice, but also education and rehabilitation, and I hope our numbers provide you some basis for making further deliberations. Thank you very much.

Senator D'AMATO. Thank you very much for your most definitive testimony, and we're deeply appreciative of your work. Mr. Griffith of the Xerox Employee Assistance Program.

Mr. GRIFFITH. Good morning.

Senator D'AMATO. Good morning. Thank you for coming in today. We're deeply appreciative of your efforts and that of Xerox.

## STATEMENT OF CHESTER GRIFFITH, XEROX EMPLOYEE ASSISTANCE PROGRAM

Mr. GRIFFITH. Thank you; we have been using the term here employee assistance program. Very often I find that people truly don't know what that's about. Employee assistance program is fairly new on the American scene, and the last few years have grown quite an explosive rate to deal with two problems. One, of course, is the troubles in the workplace that an employee might have, and through the process of employee assistance program to be able to raise the productivity of the workers, which has already been discussed in quite some length here.

Education should not get lost in the process. Employee assistance programs generally do a lot of education internally among the managers and how to recognize the problems that people are having.

Most companies—I don't think we're an exception—probably see the emotional problems people have as No. 1, followed second by marital problems, third by the parent/child relationships, and then the drug problems, which are increasing over the years as we have been in this now for 5 years.

Employee assistance programs vary, accordingly, in their content and their approach. There are programs who have volunteer counselors. I think we heard about that once today, I believe in the Rochester area. You also have programs that go exclusively outside. Calls coming in are referred out, which is a system that Xerox uses. And then, of course, you have the system whereby people will, in fact, come in, be counseled and possibly direct them for further treatment, if necessary.

There is no question that it works. The difficulty that any corporation has with this is as the numbers increase, you almost could be defeating yourself, because the costs are increasing for operating the program. You have heard again the costs of hospitalizations and so forth. And so the companies have two reasons, again. One is certainly the responsibility for their workers, and Xerox has always been one of those companies recognized as caring about those who worked for them. This is very apparent in the program and in our approach to the program.

The problems, of course, are in our society today. A group of us were talking earlier, and I used the term "moral indignation." We don't interfere when we see people using cocaine. We're afraid to come up to somebody and say "I think you're having a problem. Can I help you?" Our society isn't built that way. We have come away from that in recent years.

And we also have a generation growing up. I can remember very vividly having had children at that time, the flower generation and so forth, who were actually very heavily into drugs, and they are now coming into the workplace, of course, and are presently in the workplace. So their concept of drugs are quite different than the abhorrence that most of us had growing up 20, 30 years ago. This is something that should be considered.

I think the three-pronged approach you have is certainly commendable. Education to me is probably the most important characteristic of what you're trying to do. If we don't educate the population about the horrors, and as you keep saying, you are astounded about some of the things you hear this morning. If we don't get the population—I think the term has aroused the public. If that doesn't happen, we're at a lost cause here. Because unless we go ahead and take a very direct approach against the problem, we can't be around in this business.

Xerox and myself have been actively involved for 5 years. You can't be involved in this without realizing people, first of all, when they become addicted really do not know where to turn. It's almost a hidden process to most people. We don't talk about it. We don't advertise it. If it were not for employee assistance programs, I don't think many employees would find their way to treatment, with the exception of Alcoholics Anonymous. With the conference they just had in Montreal, we all heard about.

With drugs we have a different thing. It's looked upon quite differently in our society. It's different for people to come forward and get help. EAP's are doing that, and we need a lot more education of the public, and I think hearings you have this morning are obviously going on the news, I hope. We need a lot more information. I don't really have much more to say.

The difficulty in all of these problems are for a company to get a handle on what's happening, what's going on. All of us in a specific job sense, when some things happen, and we sense in our employee assistance program drugs have become a very serious problem. I talked to Dr. Mark Gold, who operates, through his treatment center, operates the 800 cocaine line, and he said it's beyond imagining how many calls they have been receiving through the hotline, and I think that's a clear indication, like my feelings and others who work in the program with me, that we are in an epidemic, to say the least.

So if you have questions directly of me——

Senator D'Amato. I will have some questions for you.

Mr. Austin, from General Motors, who also runs the employee assistance program. We are very appreciative of your appearance today and the time that you have taken.

## STATEMENT OF ROWLAND AUSTIN, GENERAL MOTORS EMPLOYEE ASSISTANCE PROGRAM

Mr. Austin. It's our pleasure. General Motors is pleased to submit to you our statement in conjunction with the Joint Economic Committee, and I might say we looked at this whole area as one that is very much business oriented.

Your invitation requested information about the programs that are jointly sponsored by GM and the major unions which represent our employees, specifically the United Auto Workers and the Electrical Workers, and as it relates to employees who are experiencing problems, particularly those related to alcohol and drug abuse.

On a corporate basis, our health services professionals and joint union management substance abuse teams have years of experience in dealing with salaried and union employees experiencing problems with alcohol and drug abuse. However, it's only been in the last few years we have been able to document the magnitude and seriousness of the problem in the workforce, the number of individuals impacted and the financial and human costs involved.

To those familiar with the devastating effects of substance abuse on families and on society in general, it is no surprise that these problems carry over to the workplace with equally serious effects on an individual's productivity. Just as alcohol is involved in a large number of accidents on the highways, many industrial accidents are alcohol or drug related.

As the experience at Delco Products and Rochester Products here locally suggests, the joint GM, UAW, IUE programs to deal with alcohol and drug-related problems are only reaching a portion of the affected employees. There are many more individuals at GM locations and in other industries across the country who remain hidden in the workforce while their health and job performance continue to deteriorate.

We believe we have a well-designed employee assistance program at GM, which is among the best of such efforts, I think, in American industry. However, our most recent studies have heightened our concern about the seriousness of substance abuse problems. We have learned that an increasing number of employees appear to do very well for short periods after becoming involved in our program, but later regress and again experience severe job performance problems.

We first learned of the seriousness of this phenomenon as a result of a series of studies, actually, we began a few years ago. These studies reviewed the work history of more than 44,000 hourly employees at four of our divisions. We were able to compare the work records of those involved in assistance programs with the records of the remainder of the work force. All of the locations studied have active and respected employee assistance programs. Almost every type of manufacturing or production type of operation existing in American industry was represented, and the plants were selected to include suburban, inner city, and rural locations.

For the first time we were able to compare large numbers and groups of employees based on objective employee records, including such factors as days on the job, sickness and accident and benefits paid, and excused and unexcused absences.

We were also able to evaluate individual work histories. We found that 4 percent of the work force referred to our employee assistance program during a given year had measurable job performance problems. For some, job performance improved after intervention and participation in the employee assistance program, and the improvement was sustained. Unfortunately, for a surprisingly large number of individuals, the improved performance was not sustained. This trend is significant and of concern, because it did not appear in the early and midsixties and even the early seventies when some of our local programs were beginning.

According to the national institute on alcohol abuse and alcoholism, over 30 percent of all general hospital admissions are alcohol related, alcohol and drug related. This is consistent with one GM study conducted at a major U.S. city which indicated 28 percent of our health care costs were alcohol or drug related. GM's total health care bill for the year this study was conducted, 1983, was $2.2 billion. It might also be of interest to the committee that we currently have 2.1 billion employee enrollees covered by our health care benefits. There are only three zip codes where we do not have covered employees. Since chemical dependency is a progressive illness——

Senator D'AMATO. I think you mean 2.1 million.

Mr. AUSTIN. 2.1 billion.

Senator D'AMATO. 2.1 million. Do you know what happens, you have that $2.1 billion.

I think at this point, we might do well to reflect that when General Motors is spending more than $2 billion for health care and approximately 30 percent goes to drug and alcohol addiction problems, you're talking better than $600 million, which is being expended in this one area.

Then we haven't talked about the impact on the operation, as you have indicated, the diminution in productivity to the company, which then will account for hundreds of millions of dollars, again. For one company the cost is over $600 million annually for drug and alcohol abuse, just in its health care aspects. It's staggering, and again, there is little public awareness, and I think a total lack of attention and initiative from all sectors of our governmental structures.

I'm tired of those who seek to place the blame on one segment of the Government as opposed to another, because Government in and of itself is not going to solve this. It's going to take a total arousal of the public and involvement at every single level of society, including Government. Why don't you continue, Mr. Austin.

Mr. AUSTIN. I appreciate your catching that. It was correct in the written testimony.

Since the inception of our program, the importance of early intervention with troubled workers has been emphasized in our joint effort. This is, I think, common to all employee assistance programs. However, we are just beginning to learn how to achieve early identification and early intervention by using trained personnel and historical job performance information.

For example, in comparing the work records of those in our employee assistance program to the remainder of the employees at the location study, we identified an additional 17.9 percent of the work force which had performance problems as bad or worse than those referred to our employee assistance programs. Based on our studies, we estimate that approximately 60 percent of these employees had an underlying problem with alcohol or drug abuse.

We found that a relatively constant percentage of employees with poor job performance records did not improve unless intervention occurs, and they are forced to confront and deal with their problems. We discovered, for example, that over a 5-year period, about 7 percent of our hourly work force averaged 93 days absent per year for which General Motors paid sickness and accident health benefits. It is important to note that this figure does not include the additional workdays lost through unexcused absences. Our experience indicates 60 percent of these individuals were likely suffering from alcohol or drug related problems.

To relate these percentages to cost, we reviewed the records of two employees who were substance abusers. Between 1979 and 1981, benefits paid on behalf of the first individual amounted to $110,000. From 1977 through 1981, the other individual cost $162,929 in benefits paid. Unfortunately, these are neither isolated examples within GM nor do we believe they are unique to our company.

The following cases are examples of employees at one plant that were treated more than two times during the period October 1981 through April 1984 for alcoholism or drug abuse. I'll just quickly run through eight examples. First individual we spent over $14,000, the second over $8,000, third over $13,000, next over $19,000, next over $16,000, next over $22,000, next $11,000, and $18,000, for a total for these eight employees in a period of about 2 years of $123,261.68.

During the period October 1981 through April 1984, there were a total of a 136 employees in treatment at this one plant location. Of that number, 52 were in treatment more than once; 10 were admitted as inpatients for 40 days or more per course of treatment; 25 were admitted for more than 30 days but less than 40; 55 were admitted for more than 15 days but less than 30. It is assumed that a degree of success was achieved with the 84 employees who were treated only once.

The total amount paid by Blue Cross for the substance abuse treatment of these 136 individuals was $945,891.91. This figure does not include any other payments such as Blue Shield, sickness and accident benefits, Workers Compensation, et cetera.

Because of the toll on the individuals involved and the costs, we are attempting to intervene earlier with those having poor job performance records. Unfortunately, many of these individuals are alcoholics or drug abusers, and their problems have been allowed to continue for many years.

In addition to confronting these patterns of poor job performance, we are developing new approaches and systems to keep performance problems from redeveloping after employees have become involved in our assistance programs and referred for treatment.

In summary, the substance abuser brings his problems to the workplace. Ninety-five percent or more of all individuals experiencing alcohol or drug-related problems are employees or the spouse or dependent of someone who is working. It is clear we are facing a problem which transcends the boundaries of the workplace. The result in the workplace, of course, is increased cost, lower productivity, more accidents on the job, but most importantly, additional suffering for the individuals involved.

It is important to remember that neither GM, UAW, nor the IUE can be expected to accept responsibility for those individuals who have the ability to control their own wellness and productivity. Any joint union management substance abuse program can only be a catalyst to help individuals confront their problems.

Along with the other groups concerned with these problems, GM in cooperation with the UAW and IUE and the other unions representing our employees, is trying to help individuals with addictive diseases, confront and obtain treatments for their problems. I believe our programs are moving in the right direction and will continue to make progress.

Senator D'Amato. Thank you very much. Catherine Johnson, who is the program manager for Project Restart.

## STATEMENT OF CATHERINE JOHNSON, EAP MANAGER, PROJECT RESTART

Ms. Johnson. Good morning, Senator. Thank you for having us here.

Senator D'Amato. Thank you for participating.

Ms. Johnson. Restart's substance abuse services has been in the drug treatment business for over 10, 12 years now. We're funded by the New York State Division of Substance Abuse, and administered through the Community Services Board of Monroe County. We have had a variety of focuses in the past few years, which drugs, of course has been the main focus. It's really been just since the 1980's, however, that drugs have become the focus of the whole community.

I think our employee assistance program was targeted really because during the EAP movements of the sixties and seventies, the substance was on alcohol and psychiatric programs. During the eighties, we're moving into an awareness of substance abuse in the workplace. Our figures indicate that 25 percent of the employees in some businesses are under the influence of other substances. While this seems shocking and above the national statistics, it kind of indicates where we're going in the 1980's. The eighties reflect, I think, a young workforce composed of people who grew up in the sixties and the seventies.

We're also involved in a wide variety of urinalysis and preemployment drug screenings for a variety of businesses. While these are somewhat controversial, they offer some data and concrete evidence as to the actual involvement of people with substance abuse.

Through our lab analysis, we are able to get a wide variety of range from high, low, medium, for example, in a marijuana screen. Some businesses have opted for preemployment screening that only come for employees in the low area. You say isn't it a shame we have to accept anybody, even with a low level.

The reality, in any business today, the future employees are probably in the 25 percent. Many are skilled craftsmen, people industry needs and wants. I think we found we're not going to throw the people away. We're going to try to get them in, evaluate them and get services.

Restart has been doing this for several years. We have operated in EAP's in the Corning area and here in Rochester, serving both large and small businesses. About 15,000 employees are covered under our EAP, and we represent industries such as Xerox and

GM, working with them, and also a variety of very small manufacturing plants.

A recent case was one business with 100 employees had 21 people called in for drug evaluations as a result of urinalysis. This was very devastating to this business. As I said, it's a very high percentage. Things had to be done. The man had to make decisions. I think for industry to have clear and precise policy statements is critical, and without the legal implications to go with the clinical backup, I think that many businesses are going to become in jeopardy.

I think our legal system needs to go hand in hand with our treatment system, and I think in Restart we also deal with the criminal justice population where we have been serving people from the Monroe County jail and a variety of people with criminal justice backgrounds. So we for many years in the past were really looking at the criminal justice population. I think this was associated with drug programs of the sixties. We talked about methadone mainlines.

I think this was the stigma that came with us, and unfortunately I think many people look and say this is only a New York City problem. It is not. Through EAP's we're looking at upper and middle class. The age population is twenties and thirties and early forties. Yes, there is a generation gap.

I think we saw the alcohol population probably being the most pervasive group treated, and now we're seeing the younger work force, who are used to using marijuana as recreational use. Is this something we're going to tolerate, or is it something business is not going to tolerate? These are hard decisions I think everyone is going to have to make.

Senator D'AMATO. In your opinion, and I would consider you to be an expert, given the years you have worked in this area, do you believe that there can be so-called recreational use of drugs? I'm not talking about alcohol. I'm talking about drugs.

Ms. JOHNSON. This is again very controversial, and we're trying to be realistic in the treatment field. We see people, just like people who drink socially, who are able to maintain probably marijuana, for example, smoking, probably the most common form of recreational use on a weekend basis. I think if you get into people medicating themselves with marijuana three and four times a day to get through a sales call and this kind of thing, that's when you get into abuse.

Senator D'AMATO. What about the other area we see growing at a tremendous rate, the alarming proportion of the so-called recreational uses of cocaine?

Ms. JOHNSON. Well, I think this is a very different area, cocaine, because it's a very addictive drug once you get going. I think it's been a misconception cocaine is not addictive. That has not been our experience. We see a lot of young people, more and more women involved in cocaine. People coming in from a variety of businesses who are cocaine addicted.

We had an example, again, a smaller business, people refused to work on the night shift. They said there was too much going on, on the night shift, in terms of cocaine addiction, and I think again this is something that escalates very quickly. I think it's connected to crime. I think it's connected to loss of machinery, a lot of theft within industry, possibly. These are numbers that will have to be sorted out and looked over after time.

I was very interested in the studies of the seventies and early eighties, because I think we're going to see a different picture in terms of substance abuse in the workplace in 1985 and heading toward the nineties. I think we have really just begun to identify this problem.

And again, education is really critical, because what I'm seeing is managers don't know how to identify cocaine use, most of them. They are, again, at another generational age, are not familiar with the signs of really abuse of marijuana or intoxication. You might understand alcohol abuse, but I think again you really don't know the signs of this other kind of addiction. They are not picking them up.

Corporations through education and proactive programs, and I think, for example, the GM program is a forerunner. They have taken a proactive role, in my opinion, in terms of looking at substance abuse, being fair but being tough with their people. I think this is the way it's got to be. Otherwise, you're going to have a high recidivism rate which is documented time and time again. You want to give people a fair opportunity, but you have to be tough with them about the consequences.

Senator D'AMATO. Say to them at one point in time, "Look, you have been here *x* number of times. This is what you're doing. You're not being fair with yourself. You're not being fair with us. That's it, if you don't meet a certain standard." Is General Motors doing that kind of thing now?

Mr. AUSTIN. Yes, we are.

Senator D'AMATO. It's absolutely necessary, otherwise reaching out for the so-called help is nothing more than that manner by which one seeks to maintain himself or herself in the workplace.

Mr. AUSTIN. We find it's imperative. It's been built in and actually tested, back in the early stages of the alcohol program, and we find it works with drug abusers. It gets us to the point where we say, "We're sorry. If you continue to use and abuse drugs, we're not interested in employing you."

Ms. JOHNSON. I have to use a behavioral model with real consequences. It's like anything else, if you don't follow through, people know it. In terms of fair personnel practices, if you have gone over with somebody, "These are the personnel practices of our corporation. We'll give you an opportunity to go for treatment. We will try to help you. If you can't help yourself——"

How long can you keep investing the time or money into this individual? It's not fair to them or their family. We got lots of family referrals, that have brought this problem to their attention. In the chemical dependency community, there has been a focus away from treating the individual to treating the family. If you are not treating the whole family, I think your success rate is going to be much lower.

Again, we are seeing a shift within our own mental health community, and what we need, frankly, is we need more cocaine treatment programs that really have competent treatment staff in them. I think there has been a lack of them in many communities.

You have programs masquerading as cocaine programs, when in fact they are not really trained personnel who know the problems of real substance abuse with that particular drug and some of the other drugs.

Senator D'AMATO. I think that's important making note, and it's one of the things I'd hate to see—this rush to deal with the problem in having groups that are totally incapable and not trained and not with the expertise, as you say, masquerading. That creates a sham. And with respect to cocaine addiction—again, the propensity of those who begin to use it recreationally become totally entrapped. The addictive propensities of cocaine are far greater than the public, and I think many professionals up until very recently, have ever recognized.

Ms. JOHNSON. I think there's been a lack of trained professionals to identify this. I think the medical community now is beginning to look at it from a medical education standpoint and beginning to train people in this area. On our staff we have a psychiatrist whose speciality is both drugs and alcohol, and it's critical to whether we can provide an adequate diagnosis to a corporation and knowing whether we're providing an adequate treatment plan.

Again I think with education and prevention, it's the key, and I think with the support coming from the top, from the CEO on down, is critical to the success of EAP. It can't be a paper program. It can't be a PR program to offer the employee a benefit that doesn't exist. It has to be a sincere program, and I think the benefit is many fold for the corporation. It's one of lowering abuse in the workplace, improving productivity, but also doing something for society.

And I think it's this message that has really come across in the eighties that is very different from the EAP's of the sixties and seventies. I think we need these kinds of bills you're suggesting, because I think this will provide the kind of national attention to this problem that has really been long overdue.

I think we're now at the point where society is ready to accept that and with identification and education of managers and people in the work force and society in general, I think it reduces the stigma, and it will bring people forward to implement adequate and qualified programs to provide the service within corporations and other segments of society, for example, youth.

I mean we're seeing kids who are really just barely out of grade school. They have been doing this in the locker room. As you say, this is starting at an extremely early age. High school is almost too late for a lot of these kids. In the big cities it's probably even earlier than that. It's no longer just your inner-city youth. Thank you very much.

Senator D'AMATO. Thank you very much. Mr. Cowden. Mr. Cowden is from the Onondaga Council on Alcoholism and Addiction.

## STATEMENT OF RICHARD COWDEN, ONONDAGA COUNCIL ON ALCOHOLISM AND ADDICTION, ONONDAGA COUNTY, NY

Mr. COWDEN. Thank you, Senator. I work for, just to make the record perfectly clear, Occupational Consulting Associates, a wholly owned affiliate of the Onondaga Council on Alcoholism and Addiction. We're delighted to be represented here in the company of such giants in the employee assistance program as Xerox and IBM. We too are giants, but in a small way, and I appreciate having a few moments to explain what I mean by that.

Although we provide EAP services to companies with as many as 1,800 employees and are very pleased to do so, we seem to have carved a niche for ourselves in designing and implementing programs for very, very small businesses. As you know, Senator, businesses employing fewer than 500 people account for 70 percent of the American jobs, and by marketing our program through national associations of small businesses, we're able to economically reach and provide a full service program for companies with as few as two employees.

Currently, we provide EAP's to over 900 companies through the James Howard Wayne Association in Syracuse, and we have just installed a program effective August 1 for nearly 600 member companies of the Finger Lakes Association right here in this region. Between them, these two associations now provide our program to about 9,000 workers and companies ranging from the traditional mom and pop operations to others with as many as 50 on the payroll.

We think the frontier we're exploring is important for two reasons: First of all, the need is there. Second, until now, there has been no way even a nonprofit provider such as we are can fill the need. The cost of marketing an EAP alone make selling and installing EAP's in small companies prohibitive.

In terms of needs—and confining myself just to your concern here today—drugs and alcohol abuse, we find the people we see in very small companies have roughly the same rate of abuse as workers in our large client companies. Roughly 1 in 3 is evaluated and referred for treatment based upon problems stemming from alcohol and/or other drug abuse. These persons hit the health care budgets of very small companies especially hard, because they are often very small budgets.

In addition, when one person is not performing to capacity in a very small company, that company can be quite literally incapacitated. EAP's, which can often prevent minor personal problems from blooming into major health care issues, are an ideal tool for the small business person to get control of the employee benefit costs of his or her business.

We know we haven't found the ultimate answer, but we would be delighted, Senator, to share our experience in marketing EAP's to small businesses with quality providers in other areas of the country, just as we have touched upon our approach here today. Senator, it's our hope you will take back to Washington at least a willingness to encourage the public sector to accept us, help us spread the word about EAP's.

You have demonstrated your interests in the problem by being here today. I hope you recognize that at least an important part of the solution is in place and ready to be used by those companies that don't already have an employee assistance program. They work. They are very good business, indeed, and they are the right thing to do for impaired workers. Thank you.

Senator D'AMATO. Thank you very much, Mr. Cowden. Let me first say I think it's important that the record clearly reflect the fact that this is not just a union problem or a problem that exists at General Motors or Xerox. As a matter of fact, I want to take time out to commend Xerox and General Motors for coming in today to give public testimony to the problem that exists, and it's not one that is solely at their plant sites. It is throughout the length and breadth of this Nation, and we had better wake up to this fact.

I'm somewhat disappointed, and I'll put it on the record, that more employers weren't here today. I think they should have been here to participate in helping to frame the issues in such a way that we let America know that this is the problem that's touched the fabric of our society, to let people know what assistance programs are available, and to touch on the problems of productivity, especially when we're talking about competing as a society against the Japanese and their exports. I wonder what the drug and alcohol problem and abuse problem is in the Japanese labor force. I wouldn't be a bit surprised if it was considerably less than in ours.

And so I think it's incumbent upon government, yes, to demonstrate its concern, to make available resources, channel programs, but it is equally important that all levels of society, including the corporate side, come forth to meet this problem.

Having said that, let me ask what percentage of your employees do you estimate have a drug and alcohol problem, if you were to look at the statistics that indicate to you that this is a problem area, this is a problem employee? Have you made surveys to determine how many of those with a severe deficiency on the job have drug or alcohol abuse problems?

Mr. COWDEN. Senator, the microphone is before me. Our numbers generally show 30 to 35 percent are impaired with either drugs or alcohol problems. I would like to return to an earlier——

Senator D'AMATO. Thirty to thirty-five percent. I'm not shocked, by the way. As our first witness indicated, Mr. Harwood, his numbers were on a very, very conservative side, and I think that's as it should be. And when he indicated 15 percent, and that study went back to figures, I think, in 1980, 1981, I can't help but think that the spread of cocaine and the other kinds of drugs have really raised that number significantly.

Mr. COWDEN. Senator, if I may just take 30 seconds, there was some concern expressed about the cost of employee assistance programs eventually becoming a major concern of business. We have done some small studies which mirror national studies, indicating the people that use EAP's, before they used EAP's are impacting much more heavily on the health care resources of the company, with the general population of the company. When they hit the EAP, the use of the health care services goes up even more. At about 12 months later, the use of the health care resources drops below the norm. I think it can be clearly demonstrated EAP's do pay.

Senator D'AMATO. There's no doubt they do pay, but I think as Mr. Austin indicated, and I wonder if Mr. Austin would comment, that General Motors is beginning to detect a recidivism that takes place at much higher numbers than heretofore; a return to the old manifestations of the problems before they came in; even greater absenteeism, et cetera. Mr. Griffith, would you care to comment?

Mr. **Griffith**. Yes, I think we haven't done any studies in the sense that we're talking about here, but of all the people that call us, which obviously is a limited amount of people because everybody doesn't have a problem. You can conclude from the meeting today that everybody does have a problem. Of course that's not true. I would say that we're getting our calls, about 35 to 40 percent of the people that call us have a problem with alcohol and drug addiction.

I have no reason to dispute, like some of the other speakers, what the National Counsel of Drug and Alcoholism has been saying for years, that 1 out of 10 people have a problem. So in a population of 50,000 people, 5,000 are probably having a problem.

Drugs we're a little more uncertain about today. There's no reason to believe it's less. And chances are it's more. In a population, if you have 50,000 people working for you, you probably have 10,000 subjected to either alcohol or drug problem. It's again, a very startling figure.

Senator **D'Amato**. Mr. Austin, you were talking about the experiences of recidivism that you found very disconcerting——

Mr. **Austin**. Yes, Senator, and again I think this is coming to light more with the advent of additional statistical information, being able to track what we're doing. I think that in general, we have to recognize that we're dealing with chronic progressive types of problems and that we are able to do a job where we can intervene, where we can find these individuals, and in conjunction with the treatment community, have the ability to get a very high percentage of those people back on stream, including the use of the various self-help groups.

But again, what we're concerned about and what we're saying now is we have a tendency, I think, in the business community and in the medical community and treatment community to still look upon this as some of the other types of illnesses are looked upon. If you have an operation and you take out an appendix or whatever, after a certain period of time, you're going to get better, and you're going to stay well. You're not going to have the problem again. And we very conveniently forget about these folks.

And what we are concerned about now and what we are beginning to see is the importance of the after care followup segments of any employee assistance program. And what we found out, and we have to take a very close look at this, what we are seeing are extremely high recidivism rates, and we also feel after looking upon what is happening that we don't have to allow it to exist. There are things we can do to help that from recurring.

Senator **D'Amato**. Let me ask you, Mr. Austin, what about the percentage of those with problems in your work force? Would you hazard a guess?

Mr. **Austin**. We, in our 5-year study, came up with about close to 17, 18 percent of the work force that we know are having problems that we have not intervened with, and again of that percentage, we feel that approximately 60 percent or more—probably 60 percent are having problems relating to alcohol or drug abuse. So I don't think the statistics you have heard are out of line.

Senator D'AMATO. You're saying about 17 percent of the work force has——

Mr. AUSTIN. Has performance problems that are worse than people who have been identified—these are individuals for whatever reason are still hidden, and of that percentage we can estimate looking at records, that about 60 percent are alcohol or drug abusers.

On the other hand, it was mentioned that somewhere between 30 to 35 percent of a given work force were known to have a problem with alcohol or drugs. And I can tell you in a couple of instances, looking at some specific locations that we have been able to identify, the numbers are in that range, that were specially known to be using drugs, and it is certainly likely, to say the least, one area that I hope all of business will become very much aware about.

Senator D'AMATO. I hope as a result of the testimony that all of you gentlemen have put into the record that my colleagues will share in this information.

Mr. AUSTIN. If I might add one other thing, to go on with what I mentioned earlier, as far as the use of the job as a motivating force in trying to get someone to seek assistance, we very, very clearly differentiate between the advocation of personnel policies and shop rules and the union agreements from what we are doing with the employee assistance program.

I will be the first to tell you, we have individuals, and unfortunately a rather large number of individuals, that are still losing their jobs. They are losing them not because they are addicted or because they are alcoholic and have some type of illness recognized by the American Medical Association. They are losing the job because of performance problems and violation of shop rules and conduct. That has put them really out of the work force.

Senator D'AMATO. Let me thank all of you for coming in. We have many, many more questions we would like to ask, particularly, Mr. Harwood, in the area of economic costs, et cetera. I'm going to ask if you wouldn't—if we could not submit some of these in writing to you, so you might give them to us. We're deeply appreciative of your taking your time, we're appreciative of your companies, efforts, and we thank you for being here and helping us in attempting to formulate a record on which I hope more members of the committee would begin to focus, and more Members of the Congress.

I just happen to believe this is a problem that is going to continue to plague us, and that our activities and our actions in this area in dealing with this have not been what they should be, and we have got to begin to deal with that problem.

We'll ask our third panel—we have an anonymous witness, who is a former drug abuser, if he wouldn't come up.

For the purposes of your testimony, why don't we—first of all, let me thank our witness. You are not going to use any name.

## STATEMENT OF ANONYMOUS WITNESS

The WITNESS. Thank you, Senator. First of all, I'd like to thank Catholic Family Services Drug Restart Program for inviting me. I've been looking forward to speaking on this very vast problem of substance abuse. I'm going to give some personal testimony, what happened to me, and then I'd like to touch a little bit on the subject of abuse in the workplace and in crime.

Now, I started doing drugs when I was 16. I started taking LSD, pot, then I joined the Marines when I was 18. I quit school in 12th grade. I was in about 6 months, I got arrested for possession of a hypodermic syringe in 1969. I was honorably discharged with a drug abuse problem. When I got out of the service, I came back to my family, where I returned to high school and graduated.

All during this time, I continued to use drugs. I was injecting speed and LSD. I went out on my own. I lived in the streets. I hustled. I stole. I sold drugs. That was my living. I did this for about 4 years before I was arrested in 1972 for possession of heroin. I was a heroin addict for about 4 to 5 years. During that arrest, I was sentenced to probation, 3 years probation. It didn't, however, work out that way. I ended up serving—being resentenced to a year.

That was my first time in jail, other than the few days here and there. I served a year, and it was just—I didn't really use too many drugs during that year, but it was like building my strength up again to go back out there and use again. It was exactly what I did. I didn't have any intention of stopping using drugs. I hadn't learned anything.

When I did go back out, I started burglarizing drug stores, and from each drug store I burglarized, I made approximately $10,000 to $20,000. So as far as a drug addict was concerned, it was a good business, and I did so probably 40 times.

Now, I was caught at one of them—not caught in the store, itself, but I was caught in possession of the narcotics. I had a tremendous amount, enough to fill this table, and this was serious, because I was in a courtroom, which looked just like this, and in fact the judge looked something like that.

And I'll tell you, it was a real shock to look up at the judge, and he sentenced me to 2 years to life, and I was shocked. I mean life, I just didn't think of myself as really a criminal, although I had done all these criminal acts. I think I was trapped in the—in being a drug addict. Had anyone ever asked me, "Do you plan on prison?" Of course I didn't. Yet here I was, 2 years to life. And it didn't seem fair. There were people there who killed people that got 1 to 4 years.

Well, I was in about a year and a half, and I decided prison wasn't really for me. So I tried to escape, and I didn't succeed. I only succeeded in getting another year, so I ended up doing over 3 years, but it was toward the end of that 3 years that I really took a good hard look at where I was going and what I was doing to my family, because this substance abuse, it carries out into your natural extension, into your family. You can't help but effect the other people. So it was about this time I made a real serious effort to get my feet back on the ground.

When I got out of prison, I got my first job when I was 28 years old. I made $90 a week. It was quite different than the lifestyle that I was leading as a drug addict, but I worked hard for a year, and I was able to get a management job, and I was real successful, I thought for a couple of years. I still continued to use drugs, but not to the extent of where it was overwhelming where I couldn't work.

I continued to work for 3 years, and I started using cocaine during that period. It was probably the most devastating drug that I have done out of the whole spectrum of drugs, and I think I have covered them all during that 16-year period. I kind of went off the deep end, and I went back to what I thought I knew best, robbing drug stores. Well, in 1982 I was caught again, only this time I was sentenced 2 to 4 years for I have already served that 2 years, and I have been out close to a year now. So I have been off drugs and in programs for 3 years that have been successful.

Now, during that time, I was in several drug programs, none of which seemed to work at the time. Perhaps the timing wasn't right. When I was, the programs weren't there, I was in prison. And I'll tell you why I came here to testify today, because I'm concerned about the people that are trapped in substance abuse. I'm even more concerned about the children who are going to have to go to school and be faced with this problem of substance abuse.

It seems to me that it's at epidemic levels now, and I think we should have more firm tough talk about what we're going to do about this problem. You see how fast that the AIDS epidemic is being dealt with now. This substance abuse problem has been going on for 2,000 years, and I think it's about time that people started standing up for making it straight so that the children don't have to be faced with that, so that we don't have to have these employee assistance programs.

If we don't start dealing with the problem of substance abuse in the schools, in the grammar schools now, in fact, this substance abuse for employee assistant programs will be forever, and I think that the way I see it, that there has to be a major thrust or a change in our thinking that would allow us to go ahead and successfully implement this awareness.

Now, I was involved in an awareness program myself, where I went out to speak to high school students for over a year while I was in prison, and I think I spoke to 16,000 children during that time, and I'll tell you, it really—really, that's why I'm here today, because I'm really concerned for those children, and I see a lot of rhetoric now. And it makes me kind of mad that, for instance, today, I see that the county executive comes in and makes his statement, and he says he has concern but then packs up and leaves shortly after his testimony, and I think that that's not fair to the people that came to testify in the Employee Assistance Program. That's a big responsibility to the community and what they are trying to do, because people are the biggest resource that this community has.

And I think that while you're involved in even pot use, when you smoke pot, you have a—you can justify it in your mind that it's OK, when it's not really OK. If you can do that, you'll start justifying in your mind that it's OK to break traffic laws, and pretty soon you have lost total respect for the system.

I used to tell a little story that Hugh Hefner was being interviewed by Barbara Walters, and she asked him, "Would you invite your daughter to one of your permiscuous parties?" And real quickly he said no. Well, let me ask you this, would you give drugs to your children? Of course you wouldn't, for the same reason Hugh Hefner wouldn't invite his daughter to the parties. Because in his heart, he knows it's wrong. Everyone knows substance abuse is wrong, but it continues to flourish at epidemic levels now. So I challenge the people to come forward and start dealing with it now. Now is the time to deal with it, before it goes any further than what it's gone now.

Senator D'AMATO. Let me ask you something, when you were in prison, how many other inmates or what percentage, if you have ever thought about it, were there because they committed crimes to support their drug habits? You indicated that you committed scores of robberies that went into the hundreds of thousands of dollars to support your habit, that you almost didn't look at it—it became a way of life to support that habit. Well, how many did you find in similar circumstances who were in prison because they were looking to support their habit?

The WITNESS. It's a staggering amount. I would say between 60 and 80 percent of the people are there for substance abuse related crimes. You become trapped into it. Like I spoke earlier, you become trapped into, and you are a stealing machine or whatever it is to support the habit that you have.

Senator D'AMATO. You found that in your case?

The WITNESS. That's correct.

Senator D'AMATO. You became a walking crime machine?

The WITNESS. That's absolutely correct. You are either on your way to do drugs, or you are doing them. That is your life, and you can barely see out from under that.

Senator D'AMATO. Are you now employed?

The WITNESS. Yes, I am.

Senator D'AMATO. Is there drug use where you work?

The WITNESS. I think that there's drug use throughout all industries. I don't think there's—I couldn't pinpoint any percentage, but there is drug use.

Senator D'AMATO. Are you presently in a program?

The WITNESS. Yes, I am.

Senator D'AMATO. Would you care to comment on that program and what success you believe it's played in your being drug free now for the past 3 years? Have you been drug free for the past 3 years?

The WITNESS. I have been drug free for nearly 3 years, and part of the success behind that is attending programs. I go to outpatient counseling once a week. I try to attend AA meetings once to twice a week also.

Senator D'AMATO. Let me ask you about the AA meetings and your attendance. Did you find during your days of drug dependency that you also had an alcohol-related problem?

The WITNESS. I didn't find that so with myself, but that's pretty much a trend, a cross addiction, substitution of drugs.

Senator D'AMATO. But you do attend AA meetings?

The WITNESS. Yes, I do.

Senator D'AMATO. And do you find that's therapeutic, that's a good——

The WITNESS. I think it's a wholesome environment. It makes me feel good. People tell their personal tragedies, and they have lifted themselves up. That's wholesome, and I really relate to that.

Senator D'AMATO. What was the impact when you lectured to these young people in the various high schools that you went to? Did you see your sharing of your life and your stories and the tragedies that you went through, did you ever see any incidence where it seemed to make an impact, or students came up to you and spoke to you about their own problems?

The WITNESS. Absolutely, I was quite amazed to how much response we got. We used to ask questions like how many here knows what an alcoholic looks like? And fifth, sixth, seventh graders would raise their hands. When we asked the question, it seemed like somebody would always raise their hand and say, "My daddy." And being a father myself, it hurts, because it's true. There are so many people in this environment, and again that child wasn't a user, yet that child was directly affected by the parent's use.

Senator D'AMATO. Do you believe that there are programs that can be implemented and would be successful in dealing with those who are addicted or who were addicted and found themselves in prison such as yourselves, that could be successfully implemented to break the addiction?

The WITNESS. Yes, I do, for instance myself, and I'd like to think that other people can also—it is a lifetime illness, and I still struggle with it today, but I've sort of mainstreamed back in the community. I'm working now. I'm no longer stealing from my employers. I missed a day and a half work this year, and I feel good about that, and I think other people should have that same opportunity and can have with programs.

Senator D'AMATO. Are we doing enough today in our county facilities and in our State facilities, I'm talking about prisons, to deal with——

The WITNESS. Absolutely not. I feel as though our prison system, No. one, we are warehousing people. Just to illustrate that point, it seems no matter where I was—I've done 6 years. No matter where I was, the overcrowdedness is incredible. When the next bed to you is 18 inches away, and the 18 inches has a locker in between it, that guy lies head down on the bed, and you can't open the locker in the morning.

As far as programs, it's very limited, and there are so many people in each facility, you can't adequately control the people. The programs could be successful.

Senator D'AMATO. What prison were you at when you first came into contact with a successful program that at least led you to where you are today?

The WITNESS. It was at Albion Correctional Facility.

Senator D'AMATO. There they had a good program?

The WITNESS. They had one program, and through the Jaycees I started a drug program there, which kind of really was a jumping off point for myself, as far as aggressively seeking to be back on the right track again.

Senator D'AMATO. So you sought out the development of a drug program while you were in prison?

The WITNESS. Yes, the need was there, but the program wasn't available.

Senator D'AMATO. Is that when Catholic Charities began to work with you?

The WITNESS. That was in 1978 I began working with Catholic Family Services.

Senator D'AMATO. We thank you for your testimony, for coming forward today. We hope that it will help—your courageousness in coming forward. It has been an inspiration to move the public and private sector in the direction to begin to deal with this crisis they have, the drug epidemic in America.

The WITNESS. I thank you, and I applaud your efforts on behalf of a serious problem.

Senator D'AMATO. Thank you very much. Our final panel, panel 4, will be John Doyle of the New York State Association of Alarm Dealers, and Bernard Rick, executive vice president of Security Safe, Inc. Mr. Doyle, please proceed.

## STATEMENT OF JOHN DOYLE, VICE PRESIDENT, THE DOYLE GROUP, ON BEHALF OF THE NEW YORK STATE ASSOCIATION OF ALARM DEALERS

Mr. DOYLE. Good afternoon. I'm speaking on behalf of the Upstate New York Alarm Dealers' Association, as well as my company, The Doyle Group, which provides security services to businesses and homes, including detective services, security officers, and electronic alarm systems. I would like to thank you, Senator D'Amato, for requesting our input on this important subject of the economic and criminal impact of drug abuse.

We have always presumed there is a strong correlation between drug and alcohol abuse and the level of crime, and therefore the demand for security services. As I believe, national crime statistics bear that out, and I know our own experience confirms that correlation.

The Department of Commerce has estimated that businesses suffer losses in the tens of billions of dollars per year due to crime. And as a result, the total market for security services has grown from approximately $4.66 billion in 1976 to a projected $12 billion in 1985, nearly a 300-percent increase. People and businesses are purchasing services in record numbers.

Most systems sold today provide a very good level of protection, but they are not necessarily Fort Knox caliber. We found this type of system to be very effective, 98 percent of the time. This is because most burglaries seem to be inexperienced opportunists looking for a fast buck. They are not the professional thieves portrayed by Hollywood. It seems that most drug addicts fall into this category. Our observation is that drug use has grown, especially among younger people, and there we presume drug related crime has most likely increased as well.

I have brought some examples of the types of equipment we use in electronic alarm systems, as you can see before me. Probably, the most devastating economic impact of drug abuse is in the workplace. Our company performs undercover investigative services, and 95 percent of your investigative assignments take place in workplace settings, where we would send in an undercover investigator. And although we're not always called in because of suspected drug abuse, I would say that in 9 out of 10 cases, we uncover either the sale of illegal drugs, the use of illegal drugs, or both.

I would say that it is everywhere, in every workplace, in the manufacturing plants or offices, institutions, whatever, it's everywhere. You go in, and if you look for it, you can find it. We have worked on hundreds of cases of this type.

I can cite a few of them, just as examples. In 1981, we performed an undercover operation in a nursing home, investigated and confirmed theft of drugs and the use of drugs by nursing home employees. In 1981, we ran an undercover operation, management of our client company was advised by an informant that narcotics were being sold by employees, as well as being used by employees. Our investigation confirmed that. Other cases, in 1983, we ran an undercover operation for a client. There was vandalism and theft of their product and suspected marijuana and alcohol use while on the job, confirmed that. And the cases go on and on of that nature.

So in summary, we feel that drug-related crime most probably does cost homes and businesses billions of dollars in loss of material and productivity, and I would like to thank you again for asking for our opinion, and I wish you the best of luck in finding the right answers to this problem.

Senator D'AMATO. Mr. Doyle, we're appreciative of your coming in. Your testimony might almost be viewed as being against your own economic interest to the extent that as this remains a major problem, it probably creates more sales and utilization of your company for the detection of those in the workplace or engaged in this kind of activity, and for the home protection and business protection that your company affords.

But very seriously, if we don't undertake the appropriate response—and by the way, I'm not optimistic. I do not see it taking place. I fear for the survival of this Nation. I am very much concerned that we are surrendering our quality of life, that our children and our families will become—sooner or later—hopelessly emersed in this drug culture, that they will find it quite difficult, maybe your children, mine, future generations, to escape being ensnared in this activity that is becoming so prevalent today.

Mr. DOYLE. Exactly, and I'm certainly a person before I'm a businessman, and I have a family, and it's in my best interest, as well as every other person in this country, that we do something about this problem.

Senator D'AMATO. Thank you very much. Mr. Rick, executive vice president of Security Safe, Inc. Is that one of the safes that you make there?

## STATEMENT OF BERNARD RICK, EXECUTIVE VICE PRESIDENT, SECURITY SAFE, INC.

Mr. RICK. We thought the cameras might want something to look at besides our faces. There's the safe.

Senator D'AMATO. It seems someone could walk around with that safe.

Mr. RICK. That's a model of an item that weighs 6,000 pounds.

Senator D'AMATO. 6,000 pounds in real life, brought up to scale, let's put it that way. Why don't you talk right into the microphone. We're appreciative of your coming in.

Mr. RICK. Our company, Security Safe, Inc., was founded in 1956. It was a small business which sold an occasional safe, alarm system, repair locks, and make a few duplicate keys. Many of our customers at that time rarely even locked their doors at night.

Our small business witnessed the college drug culture of the sixties, mostly supported by their parents' allowance. These same experimenters are now working at all job levels and all levels of business and corporate management. They can relate and are aware of the problems of drugs in the workplace.

At this point, I take exception with some of the previous testimony that said we need a lot more study. I think we need a lot more action, and so do these professionals. They are accepting professional security advice and are willing to commit budgets to combat drug and alcohol related crime, both within and against the company.

Some of the problems include: inventory shrinkage, discipline, fire safety, preventable accidents, white collar crime, loss of inventions and trade secrets, forgery, theft, unauthorized drug dealer trespass, unauthorized use of company equipment and vehicles, as well as mugging, robbery, and burglary.

When a company acknowledges drug-related overt and surreptitious crime, the defensive plan always includes physical security. This is locks, fences, guards, alarms, closed circuit TV, good lighting, bullet resistive glazing, card access systems, exit alarm locks, employee I.D. badges, restricted key systems, polygraph tests, safes and vaults.

I'll address just a few of these. The effective lifetime use of a quality master key system is only about 3 to 5 years. Keys are lost. Employees leave and don't return important keys. Unauthorized keys are duplicated and passed out to people that aren't supposed to be in receipt of them.

Monroe County Airport spent $10,000 rekeying the entire facility out there just recently. A high-rise apartment complex just spent $6,000 rekeying all the apartment locks. Most small businesses will spend from $100 to $2,000 to change the locks and install high security dead bolts. Most will spend about $250,000 per door to install exit alarm devices. Plexiglass will average about $100 per window. Banks will spend about $65 a square foot for this type of Lexgard glazing.

We have seen in Detroit's high crime areas where Kentucky Fried Chicken, dry cleaners, theaters, gas stations, and even McDonald's are all investing $3,000 to $5,000 in bullet resistant glazing to protect their employees. A closed circuit TV system with a video cassette recorder is typically a $3,500 investment. Drug-related crime will mandate better parking lot security through fences, lighting, and closed circuit TV.

In the last 60 days, three small businesses contracted with us for card access systems for their tenants and employees at $10,000 to $20,000, each with computer interface for time zones, holidays, control to visitors, with 1-day passes, et cetera. Why? Because on payday, the drug dealers are sneaking into the premises, making sales, and collecting debts. It's a major cost of business, disruption of manufacturing activity, and a loss of company property.

Hospitals and pharmacies are a target. At each nurse's station, a dual-controlled key locked container must store the narcotics when the pharmacy is closed. These things cost $300 per station. Syringes must be counted, disposed of in locked containers and burned at a cost of about $100 a week.

In New York State, pharmacies, drug manufacturers and hospitals are subject to the state DEA. The DEA specifies what type of safe for all agencies, companies or institutions and who must store and dispense drugs. They must use a certain type of safe. Underwriters Laboratories classifies this safe as a TL–15, and it has a special lock on it to resist manipulation or x-ray inspection of the numbers. It's a $3,000 to $10,000 investment.

The sad part of it is there's a grandfather clause covering all the rest of the hospitals around, and what we are saying is no, we simply can't afford the right container, and we're not going to do it. When they get away with that kind of activity and that kind of refusal to comply, the bottom line is a shrinkage in the drug inventory, a benefit to the drug criminals. This loophole also contributes to an honest employee taking advantage of a situation and becoming a sneak thief or drug criminal.

Senator D'AMATO. So you're saying one of the aspects of drug prevention, and also the prevention of criminal conduct, is to see to it that, in the area of drug storage, that a fail-safe system be implemented so as to reduce the incidence of drug-related crimes by the employee or employees who are used to gaining access to places that have drugs, who will sell them on the black market, or who will become addicted themselves?

Mr. RICK. That's correct. Even if the grandfather clauses cannot be struck down, I think the State DEA should have enough power to say, "OK, Strong Memorial Hospital, we'll give you 10 years. Start budgeting a little bit each year, so at the end of the 10th year, you will have the right equipment in place."

Senator D'AMATO. Do you find there exists a problem at many of the various medical institutions with respect to the adequate storage of——

Mr. RICK. The problem must be there, or the DEA wouldn't be in existence. I don't think they will admit a problem.

Senator D'AMATO. Mr. Doyle, have you encountered that problem at all?

Mr. DOYLE. In the one case I cited with the nursing home, certainly in that instance. I don't have any other specifics other than that, but I would not be at all surprised.

Mr. RICK. We have also seen a rather loose law in pharmacies and drug stores. A pharmacy has two choices. One, they can get a high security container and concentrate all their drugs in that container, or two, they can stagger them throughout the entire facility, and make it very difficult for a thief to come in and scoop all the drugs off of one or two shelves and be on his way rather quickly.

But now we have also caught criminals with shopping lists, the generic terms, going up and down each shelf across until they find these scattered drug. And as your previous witness testified, that doesn't get the job done. They can locate them. We couldn't go in there and find—we'll spot the aspirin, but we don't know one from the other, but the hardened criminal, the man who makes it his business to know, will find it. It's not a good alternative.

Drug and alcohol related crimes are crimes of opportunity. If the target is hardened or access is denied through physical security devices, a major dent will be achieved in these crime statistics.

As a member of the State of New York's Alarm Dealers Association, I can speak for 20 other security companies who acknowledge drug related crime is a major factor in successful sales and growth. Our company could not have grown from 2 to 30 employees without drug-related crime. We are no longer repairing just a few locks. It's a sad commentary on these times, our company, a part of a $22 billion industry has grown 20-fold because of this crime. Thank you for inviting us.

Senator D'AMATO. Let me thank you for coming in today, and again for shedding some light in terms of the security area, putting forth a constructive suggestion in terms of where we can more appropriately safeguard the drugs that are on hand at various institutions. We will certainly make that information available to all the members of the committee.

I'm deeply appreciative not only to this panel, but to all the witnesses who have taken their time. We are going to continue these hearings, as I've indicated, and I would hope that we could attempt to galvanize both the Congress and the public into a concerted program of action, as you have indicated.

We have studied and studied the problem, whether 22 percent of the work force have drug and alcohol problems, or whether it's 17 percent or 30 percent, I think we had better acknowledge that it is indeed a significant problem, and it threatens the economic viability of this country and certainly, more importantly, the quality of life, even above and beyond economics. So it's most appropriate that this committee undertake this review, limited as it might be.

Mr. RICK. Senator, with me is Glenn Kearns. He has an interesting story that happened about 2 weeks ago. Glenn is a security consultant in the area.

Senator D'AMATO. I'm going to ask if you can't synthesize that story, compress it, because we're well beyond our time, but I'm appreciative of the fact that you're here, Mr. Kearns.

## STATEMENT OF GLENN R. KEARNS, SECURITY CONSULTANT

Mr. KEARNS. Two recent cases come to mind. A multimillion-dollar company recently requested my presence to discuss some type of access control for the building. I didn't know what their specific need was, but soon found out. As I waited in the reception area, the manager soon appeared escorting a youth somewhat roughly out the door. He then called me into the office confided the young man had recently been fired from the company for selling drugs. On this day, he had again been found inside the building selling drugs as an ex-employee. The company was forced to purchase a $10,000 access control system.

Another recent case that comes to mind is that of a businessman who recently opened a neighborhood grocery store. After a series of events, he was forced to purchase close to $7,000 worth of security products, including a safe, alarm system, a fire system, a holdup button, dead bolts, grates on the windows and doors, and closed circuit video system and recorder.

Senator D'AMATO. It sounds like certain areas I know, down in the New York metropolitan region. I think you find just about every small shopkeeper and store owner is forced to undertake these incredible procedures to exist, the alarm system, the buzzer system to buzz someone in, and the screens and the grates and the dead bolts.

Mr. DOYLE. The guard posted at the door.

Senator D'AMATO. Guards posted at the door. That's an incredible way for a person to live, and by the way, they are not worried about the professional criminal who's going to come in and make a heist, but rather the drug addict who is absolutely oblivious to the danger that he presents to everyone, but who is in his quest, seeking the funds necessary to supply his habit or the jewelry or whatever merchandise might bring and fetch the price.

And if we stop to think about it, it's not only the so-called career criminal, who seeks to support himself, but it is the addict who seeks to support himself who has no value on his own life and certainly not the general society. So when you talk about installing these devices, when we talk about it in upstate New York, it has been the way of life that people have been compelled to adopt, throughout the urban centers of our Nation, tragically.

Gentlemen, let me thank you very, very much for your participation in today's hearing, and I hope that we can do something to begin to deal with this problem, much more effectively than we have heretofore. Thank you. The subcommittee stands in recess until tomorrow.

[Whereupon, the subcommittee recessed, to reconvene at 9:30 a.m., Wednesday, August 7, 1985.]

# THE COST TO THE U.S. ECONOMY OF DRUG ABUSE

---

## WEDNESDAY, AUGUST 7, 1985

Congress of the United States, Subcommittee on Economic Goals and Intergovernmental Policy of the Joint Economic Committee,

*Washington, DC.*

The subcommittee met, pursuant to recess, at 9:30 a.m., in the James F. Hanley Federal Building, Syracuse, NY, Hon. Alfonse M. D'Amato (member of the subcommittee) presiding.

Present: Senator D'Amato.

### OPENING STATEMENT OF SENATOR D'AMATO, PRESIDING

Senator D'Amato. Good morning. Today we have the second part of a three-part hearing being conducted by the Joint Economic Committee of the Congress. Today's hearing will focus in on education and health-related costs with respect to the problem of drug addiction and abuse.

The Joint Economic Committee is holding our second day of hearings in Syracuse on the cost of drug abuse to the American economy. This cost is now approximately $200 billion a year, and is growing.

Yesterday in Rochester we looked at the damage done to American productivity by drugs in the workplace and drug-related crimes against American businesses. Today we will focus on the billions of dollars in health costs due to illness caused by drug and alcohol abuse and the impact this epidemic has on our schools and universities.

We are also here to examine the many other incalculable losses we suffer: The loss of life and domestic tranquility directly caused by drug addiction and crime, the fear that people live in and the loss of liberty that results when people are afraid of leaving their homes because of drug-related crimes.

We are in a battle for our very survival; and with $51 billion in lost productivity each year due to alcoholism, with $47 billion lost due to drug abuse, with tens of billions more lost due to drug-related physical and mental disorders, suicides, homicides, motor vehicle crashes, and other causes, we are not winning this battle.

We are losing this battle because we are not fully committed to winning it. The only way to turn the tide is with a three-point attack that combines law enforcement, prevention, and treatment. For this reason, I have introduced S. 1583, the Comprehensive Drug Law Enforcement, Prevention and Treatment Act.

This bill directs that each of these three areas will receive one-third of the hundreds of millions of dollars in money and property that we confiscate every year from drug dealers. To win this war, we must turn the great wealth of the drug kingpins into the weapons that can destroy them.

More than that, we need the active involvement of an enlightened and aroused public that says, "We have had enough. This is not the way to live." It is the purpose of these hearings to focus the attention of the public, the business community, and public officials so that we can begin to deal in a truly effective way with one of the most important challenges this Nation faces.

I now welcome our first panel: Onondaga County Executive John Mulroy; Harold C. Brown, Jr., vice chairman of the county legislature's social services committee, member of the health committee and member of the Jamesville DeWitt Chemical People's Task Force; and Dr. Donald Boudreau, the Onondaga Commissioner of Mental Health.

## STATEMENT OF JOHN H. MULROY, COUNTY EXECUTIVE, ONONDAGA COUNTY, NY

Mr. MULROY. It's a pleasure to be with you this morning to add some small part to this hearing. My remarks will be brief and quite broad because there are a number of people who have very high technical skills in the subject we are addressing today.

I am here today because substance abuse is everyone's problem. It's my problem, and it's your problem. The abuse of drugs and alcohol may not touch each of us directly; but, indirectly, its effects are staggering. Employee drug abuse costs American businesses more than $30 billion a year. Drug abuse, including cigarettes and alcohol, is the No. 1 cause of death in America today, according to Federal research.

The New York State Division of Alcohol and Substance Abuse Services reports that between 50 and 60 percent of our Nation's narcotic addicts live in New York State. As county executive of 1 of the 62 counties in New York, I am deeply concerned about these alarming realities. Onondaga County has implemented numerous programs, requested support from our State and Federal officials and organized specialized law enforcement teams, all in an effort toward curbing our substance abuse problem.

Many of the people present today can testify to our efforts in Onondaga County. I have asked Dr. Donald Boudreau, commissioner of mental health for our county, to address the types of programs we have instituted to assist those with substance abuse addiction. He is directly involved with their administration.

Numerous human services departments are adversely affected by the problems of substance abuse. Our local sheriff, district attorney, and departments of corrections, probation, and social services are all impacted by the problems of drugs.

The money spent on drug rehabilitation, coupled with the costs to businesses, because of employee drug abuse may seem overwhelming; but the billions of dollars spent every day through drug trafficking is the most devastating and debilitating.

Our county has had success with drug busts and putting the drug dealers behind bars. We have had success with drug prevention education and rehabilitation programs. But we will not know true success until we realize that substance abuse is a problem we must all face in terms of health, economy, family stability, and crime. We cannot afford to look the other way. In my judgment, our lives depend on it.

I thank you for this opportunity to be here today.

Senator D'AMATO. Mr. County Executive, thank you for your testimony.

Please proceed, Dr. Boudreau.

## STATEMENT OF DONALD D. BOUDREAU, M.D., COMMISSIONER, DEPARTMENT OF MENTAL HEALTH, ONONDAGA COUNTY, NY

Dr. BOUDREAU. I am pleased to be here to testify on this crucial issue. I am Dr. Donald Boudreau, commissioner of mental health for Onondaga County, Syracuse, NY. The department of mental health is responsible for planning, coordinating, providing, and partially financing programs for the prevention and treatment of alcohol and drug abuse. The department also has responsibility for services for the mentally ill and developmentally disabled.

Because of alcohol and other types of drug abuse, our society, and each and every individual member of it, pay a daily toll. The price we pay is wound throughout the entire social fabric; and if ever totaled up, it could probably soon pay off the national debt. The toll is the cost of law enforcement and the rest of the criminal justice system, the price associated with accidents and lost productivity in the work force, the growing expense of health care, the financing of organized crime to carry out its various activities, and in the inestimable cost of the emotional and physical damage to the individuals, and the disintegration of their families. The toll collector is our society's fascination with the use and abuse of alcohol and other drugs.

It has been conservatively estimated that over 60 percent of our entire health care system is devoted to treating the symptoms of this fascination——

Senator D'AMATO. Could you tell us that again, Doctor?

Dr. BOUDREAU. Sixty percent.

Senator D'AMATO. I think that's important. When we are talking about 60 percent of the health care costs that are related to drug and alcohol problems, then I think America better wake up to the staggering costs and what a toll this epidemic is taking. Excuse me for interrupting, but that was a question that some had asked.

Dr. BOUDREAU. If we include drug, alcohol, and nicotine, cigarettes, and tobacco, I think we could say 60 percent, if one includes the cost of treatment of heart disease, emphysema, lung, and other cancers associated with nicotine, accident victims, diseases of every major organ and lifetime consequences of birth defects associated with alcohol consumption. Here in Onondaga County, we can make some estimate of the impact of alcohol and substance abuse and dependence. Our studies have shown that we have approximately 34,000 individuals in Onondaga County who are suffering from alcoholism and alcohol abuse. In addition, each of these 34,000 individual's alcoholism has profoundly affected at least two additional family members to a point where they are also in need of counseling and other services. In addition, our information indicates that there are approximately 18,000 individuals whose drug use and abuse requires treatment.

Our county is similar to counties across the Nation. When we discuss the consequences of alcohol and substance abuse with our counterparts in the criminal justice system, we are given a conservative estimate that 75 percent of the inmates are incarcerated as a consequence of their involvement with alcohol and/or drugs.

Senator D'AMATO. What is that figure again?

Dr. BOUDREAU. Seventy-five percent are incarcerated because of their use of alcohol and/or drugs.

Senator D'AMATO. I would like the record to note that yesterday—and I did not get an opportunity to speak to the good doctor and was not aware he would offer forth this figure—in figuring in Monroe County, the sheriff's office, they estimated that 75 percent of the recidivists in their county jail had drug- and alcohol-related problems that really led to their being there. I think that's interesting, and it's probably a pattern we will find throughout the State; and if this is any criteria, those same statistics will probably hold up fairly well nationwide.

Dr. BOUDREAU. The leading causes of death among males aged 16 through 45 are violent accidents, suicide, and murder. Alcohol and drugs play a significant role in the majority of each of these deaths.

We have seen over the past years a steady increase in the number of young people who begin experimenting with an ever-expanding variety of drugs. At the same time, the age at which this experimentation begins has become younger and younger. It is not unusual to take a history of an adolescent in serious trouble who began his or her involvement with drugs and alcohol at age 10 or 11. We have seen cases where it began even earlier.

We have been devoting all of the resources we have available to attempt to address this problem, but it is clear that we have a long way to go to assure that appropriate treatment is available to all of those in need.

In the coming year, we anticipate that the agencies providing drug treatment services will spend more than $750,000 to operate their programs. Expenditures totaling slightly over $4,730,000 will be spent by agencies providing treatment for alcoholism. In spite of these very significant amounts, we also know that there will be waiting lists because there are not enough treatment spaces available.

It is clear that treatment, although absolutely essential, is an expensive proposition. In this regard, we provide prevention and education services operated by BOCES in most of the school districts in the county. We expect that over $1 million will be spent for those services in the next school year, and we have had to turn down requests from additional school districts who are interested in establishing prevention and education programs.

Senator D'AMATO. Doctor, let me ask you something. I really shouldn't be doing this. You say that you turned down requests in the educational area for education and prevention because of insufficient funds? Isn't it far better to make an investment in the education area now than attempt to deal with rehabilitation and the costs attendant to that and have our young people get into an area they are going to become more than experimenters in and perhaps get into petty crime? In your own thoughts, shouldn't that be a priority?

Dr. **Boudreau**. We think it is. What I have said is, we are spending something around $6 million in treatment for alcohol and drugs and $1 million for education and prevention. While we realize that treatment is important, we also place a premium on the education and prevention aspect of it. I think the way the ratios work out and because of the bureaucracy and the State has a certain amount of funds earmarked for education and prevention.

Senator **D'Amato**. In other words, the State formulas and terms of matching funds, and so forth, are such that you don't get the kind of leverage to undertake the education and prevention program that you think should be undertaken?

Dr. **Boudreau**. Those are not our ratios. The State decides how much will be spent for treatment and how much for education and prevention; and since a great deal of the money are State funds, although there are county and voluntary funds in our programs, the State dictates the priorities. They are not local priorities; and I agree if perhaps we have the opportunity to develop our own priorities, we probably would be spending more in the education and prevention aspects of it than we are.

We know that treatment for alcohol and drug dependence works. It helps individuals who have lost virtually everything to become productive and healthy members of the community. The cost of treatment is minimal when compared to the expense of the consequences of alcohol and substance abuse.

In the long run, however, we have to make a major investment to prevent these problems. The investment will have to be substantial, and it will have to be made by our society in general to change our attitude toward the attractiveness and glamour of mood-altering chemicals.

I appreciate the opportunity of having made a statement.

Senator **D'Amato**. Thank you, doctor.

A gentleman who has been in the forefront of dealing with those problems as a legislator, and I am delighted that Harold Brown, our county legislator, had the opportunity to be with us today, and I commend you for your comments in this area.

## STATEMENT OF HAROLD C. BROWN, JR., COUNTY LEGISLATOR, ONONDAGA COUNTY, NY

Mr. **Brown**. Thank you very much. I am Onondaga County Legislator Harold C. Brown, Jr., and my approach to this hearing would be from the grassroots approach which, as an elected official, I feel extremely fortunate to have had an opportunity, and I think that this is where so much of it must come forward, and I had an individual, a young person, 17 years of age come forth in my area that I represent in Jamesville DeWitt High School and indicated that he was using inhalants; and the products are a liquid, like a rubber cement that Dr. Dougherty will show as he comes before you to testify.

They are in small bottles, and they cost around $6, and they were available in various adult bookstores and stores of this nature; and from that individual coming forth, I was able to develop a local law in Onondaga County; and through the efforts of working with the county attorney's office, the district attorney's office, as well as we have a new individual in county government who had spent 20 years previously with the State police who is our traffic safety director, and with the efforts of these three individuals, we were able to develop a local law; and I must indicate to you that in developing this law, and as you know yourself from the Federal level, a law is only as good as the brevity of it; and when it develops into two, three, or four pages, when you are looking at that police officer who is in the car out on the street that must defend, and also prosecute, or apprehend any of these individuals, the law must be narrow, small, so that they can do their job; and this was the kind of local law we developed here in Onondaga County; and it passed our body unanimously; and from there, I contacted both the assembly and the senate in the State of New York; and it was passed unanimously by both bodies there; and on June 18 Governor Cuomo signed the bill into effect; and on August 17 this will become a New York State law.

These particular inhalants are known as rush, locker room, heavy duty bolt, and kryptonite; and my initial dollar figure that I have received from the United States is that this is over $100 million use by individuals now; and I have indicated to you by letter, as well as to Senator Moynihan and also to Congressman Wortley, that I am asking you to move forward on the Federal level to have these drugs taken out of the system through the FDA; and this is just an example; and I think more of this has to happen from the grassroots level whereby individuals come forth, and are willing to admit they are using some of these drugs, and so forth, and hope the system does work; and I would say in this particular case, I was very pleased in how the system did work.

Senator D'AMATO. Let me congratulate you as a local legislator who honed in on this problem and did not close his eyes to it. I am going to ask just one question. There are a number of corporations who are now beginning to move into various programs, employees assistance programs whereby they encourage those employees who do have those problems, drug and alcohol, to come forward and attempt to work with them, and lead them toward a program to rehabilitate or become drug free.

Chronic unemployment or absenteeism, poor performance, and medical problems are some of the indicators that an employee may be having those problems. Has Onondaga County undertaken an EAP program?

Mr. MULROY. We are in the process of developing that. I am ashamed to say we haven't put it into effect yet. For some time there has been a debate whether it should be contracted out to the public sector or done internally. That particular problem has been solved.

We have over 500 employees; and just using your figures, it indicates there must be probably between 300 or 400 people that could use some type of EAP; and we are proceeding with that; and I hope to have it in effect shortly.

Senator D'AMATO. Very good. Mr. County Executive, let me thank you for coming in.

Mr. Brown, as a legislator on a local level, again, it's good to see someone who has had the impact you have had in our State. I have written a reply to you on your request, and we are pursuing it with the FDA to see if we can't get nationwide standards to knock these inhalants out.

Our second panel, James Jung, service chief, adolescent unit, Benjamin Rush Center; Ronald Dougherty, the chairman, committee on drug abuse, Medical Society of the State of New York and also administrative director of chemical abuse recovery service at Benjamin Rush Center; Edward Kivari, executive director, Onondaga Council on Alcoholism and Addictions; and Father John McVernon, director of community education, the Mediplex Group, Inc.

We thank you for your participation today, Dr. Jung.

## STATEMENT OF H.Y. JUNG, M.D., SERVICE CHIEF, ADOLESCENT UNIT, BENJAMIN RUSH CENTER, SYRACUSE, NY

Dr. JUNG. Thank you so much for inviting me. I am the service chief of the adolescent unit at Benjamin Rush Center. Our adolescent inpatient unit is primarily a psychiatric, inpatient unit. But we had to develop a substance program for adolescent patients who are admitted to the unit for depression, suicidal attempt, psychotic episode, juvenile delinquency, and other behavior problems—but are found to have substance abuse problems. Roughly half of our patient population at a given time is involved in substance-abuse programs, in addition to other psychiatric programs.

Senator D'AMATO. Fifty percent, doctor, of the patients that you have in the adolescent unit are involved in drug and alcohol abuse?

Dr. JUNG. Yes.

Senator D'AMATO. How many do you have at any one time?

Dr. JUNG. Sixteen beds.

Senator D'AMATO. Are those 16 beds always filled?

Dr. JUNG. Yes.

Senator D'AMATO. You could use more beds?

Dr. JUNG. Quite oftentimes, we had 15 or 16 patients on our waiting list.

Senator D'AMATO. You have a waiting list for young adolescents seeking to get treatment?

Dr. JUNG. Yes.

Senator D'AMATO. For drug or alcohol addiction?

Dr. JUNG. And related problems, yes; 4 years of experience with treatment of substance abuse adolescent patients confirms the view that alcoholism and drug addiction are the most difficult illnesses to treat. Until I started treating substance-abuse adolescents, I have never experienced so many failures with treatment outcome. The experience teaches me that treatment of adolescent substance abuse is the most difficult task due to their age, being an adolescent, little or no motivation and extremely persistent denial by the parent and adolescent.

Senator D'AMATO. Are you saying, doctor, that the young people themselves and the parents really don't want to recognize what is going on, that there is an alcohol or drug problem?

Dr. JUNG. Yes; I would like to elaborate on that issue of the denial of the disease. The disease called drug addiction, alcoholism, by not only the patient but also the parents, professionals, doctors, including psychiatrists, probation officers, schools, and insurance companies; and psychiatrists oftentimes fail to ask questions about use of alcohol and drugs. This would reflect their level of interest on that. Actually, the level of interest goes way back further to their training period.

This denial of the existence of the disease by various people and agencies involved, called a conspiracy of denial. It is quite understandable why the adolescent wants to deny the problem. As long as he does drugs and alcohol, he gets peer acceptance, making him feel that he is part of a group, that he finally became someone at school. In other words, this gives him negative identity which they are desperately trying to achieve during the adolescent period. With the drug use, he does not have to pay attention to his responsibilities, including school work. His use of drugs gives him excellent excuse for his failure at school.

Senator D'AMATO. We ought to spend time in all the school districts in this country, starting in the grade schools, going right on through; and when you talk about, we have a denial problem, you are absolutely correct. I see the conspiracy of denial when we raise the question. It's embarrassing. The drug and alcohol abuse problem is such that it touches everyone's life, and we are not focusing in; and I wish, doctor, we had the opportunity to have more people like yourself to carry that message throughout our country.

We are not going to win this if it's just a Federal program or a State program. It must become a total society, a program encompassing all of society; and unless we recognize that, it's going to continue.

If the county executive mentioned that maybe 300 people in the county out of a work force of 5,000 probably have drug and alcohol problems, that would probably be the lowest figure in the United States of America. If the figures are running at 15 percent plus, 15 percent being the conservative estimate for any work group, regardless of where you go or what part of the country, in some cases, it's even more prominent—30 percent of the work force at certain General Motors plants. I didn't make that figure up. Yesterday, that was a figure given to me by their person in charge of the program to attempt to rehabilitate, 30 percent.

Please continue.

Dr. JUNG. There is one report saying that 30 percent of high school students drop out. The most frequent reason for drop out is the substance abuse.

Drug abuse gives an adolescent the false sense of grandiosity and pseudo-maturity. He starts believing that no one can tell him what to do. He's too smart to get caught. Even if he got caught, he would talk himself out of it. The parents also participate in the denial process by telling themselves that the child will grow out of the problem. It is just a passing stage, or it wouldn't happen to me.

Even if they see signs and symptoms indicating drug and alcohol abuse, they look the other way and do not take appropriate action to get the youngster to treatment. They give up on providing youngsters with treatment when the kids refuse treatment. They continue this so-called "enabling" even after the youngster gets in legal problems due to their drug and alcohol problem. They are put in a jail for stealing a car, burglary, vandalism and stealing money, and so forth, the parents would bail them out, would pay for the release instead of using this as a leverage to get him to the treatment.

Even when he is on probation with terms not to use any mood altering drugs or alcohol and not to frequent places where alcohol and drugs are available, parents do not report this to the probation officer. Sometimes the probation officer does not take action when such a report is given. School, of course, denies the existence of drug problems because of the fear of reputation.

In addition to the conspiracy of denial, the second reason for extreme difficulty in treating substance abusing adolescents is due to the fact that most of the substance abusing adolescents have not experienced the kind of negative consequences that adult substance abusers would face. They don't see anything to lose from the use of alcohol and drugs. In other words, they have nothing achieved and therefore, they have nothing to lose. Then, of course, they have a little or no motivation to change their "druggie" lifestyle and abstain from the use of chemicals.

The third reason for this difficulty in treating adolescent substance abusers is the fact that adolescent substance abusers require, not rehabilitation, but habilitation in contrast with most of the adult alcoholics who require rehabilitation since they have established an identity through maturation and achievement such as completing school, working, marriage, and so forth.

Adolescent substance abusers have no such identity or base of experience to build upon when they start using chemicals. The adolescent does not have an established earlier level of adequate functioning to which to return. Therefore, the task is not one of rehabilitation. The process of teaching people to function effectively for the first time is more difficult and more time consuming than assisting them to return to an earlier previously learned adequate level of functioning.

If a youngster started doing drugs and alcohol heavily and regularly since age 10, I could reasonably assume that his psycho-social development was arrested at age 10; but the last couple of years, the age is going down to 9.

The philosophy of our substance abuse treatment program is based on AA/NA programs and the concept that alcohol and drug addiction is a disease. The second policy is to attempt youngsters to habilitate, to achieve developmental tasks that he had failed to achieve. The third treatment philosophy is the concept that alcoholism and/or drug addiction is a family affair or a family disease. The entire family participates in the treatment process.

Most of our patients return home after completion of inpatient treatment. Sometimes we really do not wish them to return home, due to the environment and the denial that he has to go back to, to the school. The school is the bar to youngsters as it actually applies to adult population. From this experience, I have learned that some adolescents should go to residential treatment centers, drug and alcohol residential treatment centers.

Senator D'AMATO. Do you have any such facilities that you can refer them to?

Dr. JUNG. Not in this area. We have to go out of State—or not in the central New York State area.

Senator D'AMATO. Are there any State facilities that you can refer them to?

Dr. JUNG. Not that I can recall, sir.

Senator D'AMATO. What you are saying is that, after a certain period of—how long is your inpatient treatment?

Dr. JUNG. Since our inpatient unit is a psychiatric unit, there is no set duration.

Senator D'AMATO. What would be the average?

Dr. JUNG. Eight weeks.

Senator D'AMATO. At the end of 8 weeks, you may get a youngster to begin psychiatrically to come around who is off drugs, drug free for that period of time, and where you might have an opportunity to give him some real help and establishment, you are saying to this committee, all too often, he is sent back to the absolute poisonous environment that would, if anything, make it impossible for him to continue without dependency on drugs and alcohol? You have seen cases now at 9 years of age?

Dr. JUNG. The ones who started at age 9, but it took 4 or 5 years for him to get to the treatment center.

Senator D'AMATO. He comes in at 13 or 14, but he actually started the alcohol and drug abuse at ages 9 or 10?

Dr. JUNG. In our community, there is no chemical dependency inpatient unit and residential treatment center.

At this point, I would like to comment on a little bit less important things; but I would like to express my concern. This is my understanding, I could be mistaken, at this point, that you do not have to have experience with adolescent chemical dependency or adolescent development or other issues in order to be an alcoholism counselor or substance abuse counselor. There is no place, in my opinion, at this point, to go there to receive training in the area of adolescent chemical dependency. Most of the people get their training on the job. I see that there is a little danger to this because adolescent substance abuse is not just drug addiction area. You need to have knowledge in adolescent development and other emotional problems and understanding of family dynamics, and so forth.

I wish that the agency that controls this would pay attention to adolescent chemical dependency and development, also.

I would like to make a comment on the third party payment. There are a few insurance companies who pay the psychiatric disorders while not paying for the drug and alcohol problem. I see this as discrimination against the most difficult disease that we have here. Also, I am quite afraid the insurance companies would move in the future to the direction of reducing the length of chemical dependency inpatient hospitalization. Our adolescent unit is not a chemical dependent unit, so I have no concern about this, but there are some adolescent chemical dependent treatment centers throughout the country, and I am afraid they are going to move in the direction of shortening and shortening; and it's a case that ignores that the adolescent problem is less than the adult population.

I received some questions from your office. I don't know when to address them.

Senator D'Amato. I would ask you if you would submit the written testimony so this young lady can record it accurately that you have just given; and second, let me commend you because I must confess to you my frustration in attempting to mobilize not only congressional action but action on other levels to acknowledge the seriousness of the problem that we have and begin to deal with it. I am frustrated; and when you say the conspiracy of denial, I think it not only exists as it relates to substance abuse for the young adolescent, but throughout there is an absolute conspiracy of denial—make believe it's not happening. We have had hearings before, so what; but we are paying a dreadful price; and I am wondering what this country is about; and we thank you for your testimony, doctor.

Dr. Dougherty, who is the chairman of the Committee on Drug Abuse for the Medical Society of the State of New York. Doctor, we thank you for coming in today. We deeply appreciate it.

## STATEMENT OF RONALD J. DOUGHERTY, M.D., ADMINISTRATIVE SERVICE CHIEF, CHEMICAL ABUSE RECOVERY SERVICES, BENJAMIN RUSH CENTER, SYRACUSE, NY, AND MEDICAL DIRECTOR, PELION, INC., SYRACUSE, NY

Dr. Dougherty. I have been in this particular field for the past 18 years. The youngest drug abuser I have treated is 6. He overdosed with angel dust.

Senator D'Amato. Doctor, let me ask you to sit right where Dr. Jung is; and then you can use those microphones; and we'll see if they are operating so that the other people can hear and really can pick you up because I just think that what you have to say is too important.

Dr. Dougherty. In the last 18 years, when people ask me what I see——

Senator D'Amato. Could you start again? You said something that really should be repeated.

Dr. Dougherty. I never repeat myself twice. I'll probably say something different.

Senator D'Amato. Something about the 6-year-old.

Dr. Dougherty. The youngest person I treated for a drug overdose was 6 years of age that overdosed with PCP angel dust that he bought at school. In fact, when we kept checking his urine, expecting to find things such as under-the-sink solvents, industrial solvents. We didn't believe it, even though we kept getting drug tests back positive for PCP. The oldest drug abuser I have is an 85-year-old silver haired great-grandfather who stores several different prescriptions from several different doctors.

I run an inpatient unit at Benjamin Rush which is a 32-bed unit. We realized, as Dr. Jung did, that 3 years ago we were having too many adolescent patients to integrate with the adult population. I am also director of the impaired physician program for the Medical

Society of the State of New York, and I'm painfully aware that 10 percent of my colleagues will be or already are drug and alcohol dependent.

Senator D'Amato. Ten percent of your colleagues?

Dr. Dougherty. Ten percent of the physicians practicing medicine in New York State, as well as the United States.

Senator D'Amato. Have drug and alcohol problems?

Dr. Dougherty. And that's a conservative figure. The main reason is that 9 out of 10 medical schools teach nothing on alcohol or drug dependence. It's simply not included in the curriculum. I know it's included at Syracuse because I lecture on it in this particular city.

It's been alluded to before that nothing is going down except the age of the substance abuser. We do, indeed, need more slots for younger people. The people I get now start using drugs at 9 or 10. The youngest I've included, as far as a cocaine overdose in one of our schools, was a young lady who collapsed in the bathroom with cocaine crystals in her nose who was 12 years of age.

Senator D'Amato. A school in the Onondaga area?

Dr. Dougherty. Yes. Forty percent of all the patients I see referred to me on an outpatient basis and 40 percent of all patients referred on an inpatient basis are now for cocaine, whereas, 4 years ago——

Senator D'Amato. For cocaine? In other words, it's an epidemic sweeping across this Nation. You had a 12 year old who actually collapsed in the bathroom from a cocaine overdose?

Dr. Dougherty. Obviously, the source of that was her parents. They may not have given it to her, but she got it from the house, because of the price of cocaine. Even though today's prices are reduced from what they were 6 months ago, cocaine has become more available to the younger population. Instead of $3,000 an ounce as it was 6 months ago, as of today's prices in Syracuse, it's $2,600 an ounce. Instead of $100 a gram, it's now $75 or $80 a gram.

Senator D'Amato. And the kids know where to get cocaine, don't they, right here in Onondaga?

Dr. Dougherty. Kids know anywhere. I have people coming off farm towns with as little as 500 people. I have people who are farmers, tractor sales representatives, snowmobile salesmen from little towns as far out in the boonies as you could possibly believe anybody could live.

I had the opportunity to address Congress on July 16, and I told them of the horrors I had seen over the past 4 years. Indeed, 4 years ago, if one talked about cocaine, I would have to say that I see one patient in a year; now, a minimum of 40 percent referred, in fact, are for cocaine dependence.

Senator D'Amato. How many outpatients and inpatients, for example, a month would you say were referred to you from cocaine addiction; and could you give this committee a profile on some of those people, a description so that we can understand?

Dr. Dougherty. Inpatient, outpatient, I have treated well over 300 in less than a 3-year period of time; and 5 years ago, I would have to say I treated none.

Senator D'AMATO. What about the addictive propensities of cocaine? We are operating, it seems to me, under an illusion because there are some of the so-called upward mobile in our society who use cocaine as a recreation drug; and they say it's not addictive. That's a myth.

Dr. DOUGHERTY. Ten percent of our coke addicts admit they have been involved in serious vehicular accidents. None of them have been arrested because the alcohol content was well below 0.10. They are high on cocaine at the time, plus doing alcohol. Forty percent admit they have had accidents on the job, in addition to absenteeism and not coming to work at all; and another 40 percent of the workers admit they are stealing from the family; and another 40 percent admit they are doing coke on a regular basis.

Coke is a jealous mistress. It has the name, White Lady; and many of my former heroin addicts that said that when heroin was really good a few years back, if they didn't have the money, they simply wouldn't do it; but once they start doing the coke, they can't stop. You have seen the movie "Scarface" with Al Pacino diving into that pile of cocaine. That's exactly what it would be if you put a whole pile of cocaine here, and they will snort it until it's gone.

There is intense paranoia on the part of these people. I have knowledge of a stockbroker who killed his partner because of the intense paranoia that he was perceiving about how his partner was handling the business and so on. There is no drug that I have come across in the past 18 years that has the reinforcing properties of cocaine.

We at Benjamin Rush tell our patients, you must go to NA and AA as well because 72 percent of our cocaine users are cross addicted to another substance. The drugs that I passed up to you earlier and I shared with Morgan Hardiman, Locker Room, amyl nitrate, is a very dangerous substance that we in the medical profession don't even use legitimately any longer. It's a potent nasal dilator that when kids snort this in the classroom, and they stand up, they have danger of blood pressure dropping down to zero, convulsions, and death. The youngest man that we have had that has died of this has——

Senator D'AMATO. Where would you get Locker Room?

Dr. DOUGHERTY. Music stores, head shops, book stores.

Senator D'AMATO. You mean this is legal?

Dr. DOUGHERTY. Unfortunately, it's still legal.

Senator D'AMATO. The FDA at this time has not taken action?

Dr. DOUGHERTY. The FDA, which I sometimes call the Foolish Drug Administration, has not decided to act on this substance, in spite of the fact that even the Medical Society of the State of New York has approved and prepared legislation to get this off the market.

Senator D'AMATO. We are having a hearing in Westchester. I hope that Congressman Rangel can be with us. I don't know whether you testified at his hearing with respect to Locker Room.

Dr. DOUGHERTY. No.

Senator D'AMATO. I would appreciate it if you could arrange your schedule to come down, and I am going to get some of the FDA people there, and we are going to have it out.

Dr. DOUGHERTY. This has no legitimate medical purpose at all.

Senator D'AMATO. Tell me about the case you saw with respect to the youngster.

Dr. DOUGHERTY. It was a 22-year-old gentleman who dropped dead on a disco floor.

This is the only drug, Senator, that in 18 years, that I have been called by kids, and said, if you are the drug doctor, if you are the expert, why don't you do something about Locker Room? When they first called, I thought they were complaining about their locker room in school. I wasn't aware this was a drug.

It's the only drug kids have ever called and said, why don't you get this off the market. The drug has to be bad if the kids are calling and saying, do something about it. Kids will tell me, it feels like my heart is going to come through my chest, my brains are going to come up through my ears. I collapse, I convulse. I lie to my parents as to what happened, but it was Locker Room or Rush.

I was sued by Western Industries several years ago when I said that this was a very toxic substance. They subpoenaed me to appear in California. Fortunately, a group of local newspapers are tied into the Newhouse dynasty. They sent unopened bottles to the Food and Drug Administration Consumer Protection Agency, and they analyzed it and said it was more dangerous than what I had said.

This material, if accidentally swallowed, would kill you in 1 hour. The person will end up dying of cyanosis; and if it's accidentally spilled into the eye, you would be permanently and totally blind. The other drugs——

Senator D'AMATO. This is incredible. If only for this purpose, this hearing demonstrates—we talk about the denial and conspiracy of silence. It's a conspiracy of inaction, doctor, and ignorance. We are going to have a hearing on the 20th in Westchester, and I would hope that you could clear your calendar, and we are going to take the FDA on head on. This is absolutely incredible. I find it shocking. I wasn't aware of this prior to your statement, the facts that you explained to this committee, and we are going to make this available to my colleagues, doctor.

Dr. DOUGHERTY. The other group of drugs are the look alikes, the pseudo-speed. Kids can order these from the backs of magazines. And phenylpropanolamine, this drug is sold from the backs of magazines without whereas to the age of the purchaser. The only advertisement is, as you see here, it is the most potent legally available drug without prescription. We have kids that buy this in large jugs.

A youth that I had referred to me was an 11 year old that was taking 20 of these a day. She had not slept in three nights and indicated she was afraid of dying; and they advertise this in the various magazines. The ordering is easy, simply call in your order c.o.d., UPS, call toll free. When you order these, you would get a sample packet for a dollar; and they are obviously anticipating return customers.

Senator D'AMATO. It's the old story we have heard where initially the drug dealer was saying, try this for nothing. It's good for you.

Dr. DOUGHERTY. It's like the first line of cocaine or hit of heroin is always free. We find at rock concerts there are cards put on the seats and windshield wipers; and on the back, it says, if you buy these, give credit to Tod or to Pam. So they want to get credit and a percentage of the action. But those are extremely potent drugs, and we also recommend that the FDA rule these totally and completely harmful.

Senator D'AMATO. If you come to the hearing on the 20th, we will start to work on the FDA now.

Dr. DOUGHERTY. The other groups of drugs that are compatible with these are the ones advertised on television all the time. Dexatrim, Dietac, and Control. These are the equivalent of these type of drugs.

Senator D'AMATO. Are these all that you have?

Dr. DOUGHERTY. No, these are the other look alikes which look very much harmless. Some of them do look like controlled substances. Some of them are: Black Beauties, RJ8's or Pink Footballs. Those are analogous to prescription drugs which are controlled substances in New York State. There is no way that I, as an expert of 18 years, can look at these and not tell they are not a controlled substance.

Unfortunately, the peculiar thing about this, these very often are much more dangerous than the real thing. I have had more kids get into serious trouble with the look alikes than I did with the real amphetamines that are regularly available. But these, indeed, are extremely dangerous.

Senator D'AMATO. What's the recidivism in terms of the people—don't let me interrupt you. I want you to continue, and then I will ask you some questions. I could keep you here for 5 days because this is so—we are going to have to come back maybe and do something in depth, mavbe do something up at the university and have a forum and maybe talk to some people and wake them up.

Dr. DOUGHERTY. The conspiracy of silence goes all the way from not only the elementary school, junior high, college, into the medical profession. It's rampant.

The three most common drugs taken by kids that we evaluated at Alpha House which is a young adult residential treatment program in Syracuse, the three most common drugs, alcohol, pseudospeed, and look alikes. In the past 3 months, we are seeing people say, alcohol, marijuana and cocaine. The price is dropping, and the availability is increasing, and the percentage in Syracuse of available cocaine instead of being 6 percent as it was a year ago is now up to 12 to 20 percent.

It's interesting that earlier you made the comment about the incidence of people breaking the law that end up in prison systems who are drug dependent. I brought along with me a sheet. Of the last 40 people that we did histories and physicals on at my outpatient program called Pelion, who were then referred, of the 40 people, 75 percent have committed minor and major crimes, including: 3 years' probation for criminal mischief, and disorderly conduct, 4 years' prison for armed robbery—the guy is 23, parole violations—drug related, prostitution, robbery, stolen property and on and on and on. Seventy-five percent of these folks wrote down in terms of what drugs they were doing and if they were involved in any kind of criminal activity.

Senator D'AMATO. You had a 75 percent average, doctor, 75 percent? That's amazing. Yesterday in Rochester the sheriff's office told me that they estimated the recidivists coming back to their jail are 75 percent.

Dr. DOUGHERTY. Many of these are 18 and 19 and have not yet been sent to the larger penal facilities, which undoubtedly they will be.

Senator D'AMATO. Generally, the first time the county judge gives them an opportunity, if it's a lesser—a burglary or break in, they might be in a lockup for a short period of time; and the second time they get a chance. I guess that's why you see that pattern.

Thank you, doctor.

[The prepared statement of Dr. Dougherty follows:]

## PREPARED STATEMENT OF RONALD J. DOUGHERTY, M.D.

### PATTERNS OF ADOLESCENT DRUG ABUSE

PRESENTED BEFORE A HEARING CONDUCTED BY UNITED STATES SENATOR
ALPHONSE D'AMATO, FEDERAL BUILDING, SYRACUSE, N. Y. AUGUST 7, 1985
"THE COST OF DRUG ABUSE TO THE AMERICAN ECONOMY"

The primary drugs of abuse of adolescents today rank in this order: cigarettes, alcohol, pseudo-speed and marijuana. Drug abuse is the leading cause of death in young people ages 15 to 25.

A recent survey by the New York State Division of Substance Abuse Services, based on questionnaires completed by 27,000 secondary school students throughout New York State, concluded the following:

1. 25% of the students used drugs and alcohol at the same time in the six month period preceding the survey.

2. 43% of the students were multiple-users of alcohol or other psychoactive drugs in the six months prior to the survey, although not necessarily at the same time.

3. 33% of the students were multiple users of marijuana and alcohol.

4. 17% of the students were multiple users of stimulants (speed, pep pills, etc.) and alcohol.

Additionally, 10% of the students were multiple users of cocaine and alcohol. 10% were multiple users of prescription analgesics (painkillers) and alcohol); and almost 10% of the students were multiple users of inhalants (glue, solvents, etc.) and alcohol.

In spite of statements from Washington that there has at last been a decrease in substance abuse in our teenagers, those who are in the drug treatment and rehabilitation field are well aware that nothing could be further from the truth. There is an ever-increasing demand on treatment and rehabilitation services for adolescents throughout New York State. There are waiting lists and lines for programs whose efforts are directed toward the prevention, treatment and rehabilitation of adolescent substance abusers. There is a constant demand to expand those already-existing facilities, and in fact to develop new facilities specifically to meet the needs of the drug-abusing teenager. When bureaucrats in Washington indicate that there is less substance abuse among teenagers, they fail to point out that 30% of high school students drop out and that their most common reason for dropping out of school or being suspended is substance abuse. The 30% of our high school students who never complete their education become the lost generation of drug abusers in the 1980's.

## Pseudo-speed

Pseudo-speed is a generic term given to capsules and tablets containing combinations of non-controlled drugs such as phenylpropanolamine (PPA) and caffeine. In 1980, we began to see over-the-counter preparations (Dietac, Dexatrim, Control, etc.) containing relatively low amounts of PPA and caffeine. These appear to be directed toward the adult population interested in a non-prescription appetite suppressant. As the legal distribution of amphetamines has become progressively more restricted over the past decade, there has been a continuing search for easy, obtainable and effective diet pills. These over-the-counter preparations have been abused, as is known by those in the drug abuse treatment field. The FDA mandated in 1984 that these over-the-counter diet aids should no longer contain PPA and caffeine in combination, but rather they should now be marketed as caffeine-free diet aids. It does not take too much imagination for the youthful drug abuser to combine the over-the-counter diet pill (containing PPA) with the over-the-counter preparations containing caffeine, such as No-Doz, to get the desired effect.

Adolescents do not appear to be frequent abusers of these diet aids; rather, they purchase similar uncontrolled preparations from the backs of magazines which cater to the teenage drug-consuming public. These "look-alikes", or pseudo-speed, are mass-produced capsules and tablets which in many instances look like legitimately produced pharmaceutical amphetamines, but contain instead varying amounts of PPA and caffeine. Some of these capsules are offered for as little as $10 per 100, and in some instances, $10 per 1,000. Any person, regardless of age, can send cash or a money order to any number of different companies advertising these substances and receive very quickly by return mail the look-alike drugs. These are not harmless substances, and unfortunately teenagers fail to realize that an inexpensive drug does not necessarily mean that the drug is harmless. Many teenagers abuse from 5 to 20 of these per day. Each of these capsules generally contain the caffeine equivalent of 2 cups of coffee.

One 11 year old whom I personally treated presented herself with a blood pressure of 150/90 and a pulse rate of 160. She gave a history of not having slept in 3 nights, and she was feeling extremely frightened she might die. She was ingesting at least 20 tablets per day ("pink hearts"), the caffeine equivalent of 40 cups of coffee. There have been many case histories showing symptoms that can be as mild as anxiety, agitation, increased respiratory and pulse rate, or as severe as hallucinations, fatal cerebro-vascular accidents or cardiac arrest.

Many young people abusing these substances find that, when combined with alcohol, an extremely good "rush" or "high" can be obtained. Older patients find that the pseudo-speed enables them to work longer hours and still meet the demands of their leisure activities.

Although the FDA has mandated that the over-the-counter diet pills shall no longer contain combinations of PPA with caffeine, the various manufacturers selling these to our youth from the backs of magazines are not subject to this ruling. The Medical Society of the State of New York has gone on record encouraging the Federal Government to block production of over-the-counter diet pills as well as the look-alike preparations.

## Marijuana

Marijuana continues to be abused by Americans more often than any other substance with the exception of alcohol. In 1981, 7% of high school seniors surveyed indicated that they use marijuana on a daily basis, and 48% reported that they had used it at least once in the past two months. Although "good" marijuana today costs $100 to $120 per ounce, a resourceful youth manages to find ways in which to pay for this illicit substance. It is a paradox that pre-teenagers are often introduced inadvertantly to conventional cigarette smoking by first "toking" off big brother's or sister's marijuana "joint". In this manner, they become introduced to the phenomenon of putting something into their mouths, the other end of which they light.

The marijuana of today is much more potent than the marijuana of years past. The delta-9 THC in a marijuana cigarette of today has increased from 1/8% to 1% for locally-grown marijuana, and as high as 5% in marijuana coming from Mexico, Columbia and Marin County in California. Equally as important as the increased potency of the marijuana today is the fact that many marijuana smokers are no longer using the substance as a recreational agent on the weekend, but many are smoking 5 to 10 joints per day. It is not uncommon that individuals having developed this extensive use of marijuana to present with symptoms of nosebleeds, persistent sore throats, chronic cough and even hemoptysis (coughing up blood).

In addition, it is known that because of its relatively poor combustibility, marijuana smoke contains 50% more polyaromatic hydrocarbons than its tobacco counterpart. High levels of these hydrocarbon by-products are commonly associated with susceptibility to bronchogenic cancer. There is great concern among those in the drug treatment field that these young people may in the near future develop carcinoma of the lung.

Short-term effects of marijuana smoking on a regular basis are well known and consist of: poor motor coordination; decreased reflexibility when driving motor vehicles, especially when following moving lights; diminished short-term memory and verbal communication; decreased ability to learn; acute anxiety, confusion and in some cases delirium. Additionally, studies have demonstrated a decreased number of sperm in the male marijuana smoker; of greater concern is the fact that these sperm are not only decreased in number but are deformed and manifest abnormal motility. This appears to be a reversible phenomenon. The increase in pulse rate and blood pressure of the marijuana smoker makes those with underlying cardiac disease present themselves at risk.

The long-term effects of marijuana use are primarily concerned with the "amotivational syndrome" in which the regular marijuana user who smokes heavily on a daily basis appears to develop the psychiatric phenomenon of ahedonia. This is a syndrome in which the individual has no interest in pursuing any activity other than continued marijuana smoking. These individuals are extremely difficult to treat in the drug rehabilitation facility.

I have never believed in the "stepping stone" concept of marijuana use; i.e. that the marijuana smoker who is 15 years old will later proceed on to heroin abuse when he or she is 18 years old. This evolvement of an individual going from one drug to another is more by association than by direct causal relationship.

## Conclusion

In 1985, there has been no decrease in the incidence of substance abuse among our teenagers. More than ever, they are presenting themselves, or are being forced to admit themselves, to drug treatment facilities (due to interaction with the judicial system). There continues to be a need for greater effort towards education and prevention in the field of substance abuse, so that the adolescent of today will not need to be referred to already crowded drug rehabilitation facilities.

It should be noted that, although the substance abuse situation is grim to say the least, we are encouraged by the commitment of hundreds of parent and community groups across the State, especially the Chemical People, who are banding together to help prevent substance abuse in adolescents as well as in adults. With their support, we are hopeful that progress can be made in the continuing fight to prevent the start and the continuance of abuse of alcohol and illicit and prescription drugs.

Senator D'AMATO. Mr. Kivari, please proceed.

## STATEMENT OF EDWARD E. KIVARI, EXECUTIVE DIRECTOR, ONONDAGA COUNCIL ON ALCOHOLISM/ADDICTIONS, INC., ONONDAGA COUNTY, NY

Mr. KIVARI. I really appreciate the invitation, Senator D'Amato, to make these comments. I am the executive director of the Onondaga Council on Alcoholism/Addictions, Inc., an affiliate of the National Council on Alcoholism and a United Way agency. We provide intervention and referral service for individuals and families with the disease of alcoholism. We also provide education and training aimed at preventing the spread of this disease.

While much of our efforts are aimed at general public awareness of alcoholism as a treatable disease, we concentrate our efforts on training professionals in allied human service fields to be aware of alcoholism, recognize its signs and symptoms in various stages, and to intervene with their clients when they suspect alcoholism.

When I say, alcoholism, in the course of my testimony, I am saying alcoholism and drug addiction. Very often, we get caught up in the grammar of some of the illicit drugs and use some very colorful language to describe these illicit drugs and our activities with them. Alcohol is the No. 1 drug of choice of most of the people in the United States today and most of the people with other drug problems. It's our firm belief that troubled people are being inappropriately treated and counseled for symptoms resulting from alcoholism because human service professionals, including medical professionals, are not trained in alcoholism and are not taught that alcoholism is a primary illness, requiring treatment prior to treatment for other problems.

Alcoholism affects 7 percent of the U.S. population directly and another 30 percent indirectly and it's responsible for 35 percent of all hospital admissions, and the third leading cause of death in the Nation. It is a major contributor to the No. 1 and No. 2 killers, heart disease and cancer—perhaps, making it the leading cause of death in the Nation.

Despite this, it is barely mentioned in most university curricula; and almost always, it is an elective course. Dr. Joseph Pursch, who gained fame as the doctor who treated Betty Ford, calls it the 4-2-1 rule. That is, in 4 years of medical school, doctors spend 2 hours studying the No. 1 health problem in the United States. Fortunately, practitioners in the field are beginning to recognize that they need some knowledge and skill in alcoholism to be able to help their clients, and are looking for this training.

Among those OCA has trained are nurses, social workers, psychiatrists and psychologists, probation officers, community health workers, and other counselors. We are convinced that by training professionals in other human service agencies to intervene with and refer their alcoholic clients, we can multiply our efforts, reduce the overall costs of health, and assure people are receiving appropriate treatment. Every agency providing human services should provide alcoholism screening as a standard part of their intake procedure.

Other programs OCA has are also aimed at intervention. We conduct a drinking driver program for persons charged with DWI.

Senator D'AMATO. How is that program working?

Mr. KIVARI. Working fairly well in Onondaga County.

Senator D'AMATO. Let's make it more generic. Do you find that, as the result of the fear of penalties that involve, if caught again driving while intoxicated, that you are seeing less recidivism; or are they just being more careful in terms of not being caught?

Mr. KIVARI. I think the latter. No amount of law enforcement effort is going to stop an alcoholic from drinking. We find that people are maybe more careful about driving after drinking. It hasn't had an impact with the problem with alcoholism.

Senator D'AMATO. I think that's important to put into perspective. Also, the program may provide a penalty in itself, that they have to go. It's required, if you want your license; and they are aware that there are strict punishments such as prison, loss of license or any combination of that, that it obviously does not deal with the people who are dependent upon it. It has to be different motivation to break them out of that.

Mr. KIVARI. There are clear studies that show that 75 percent of first time DWI offenders are alcoholics. No amount of legal action is going to keep these people from drinking and driving again.

Senator D'AMATO. Isn't it true, also, that there has to be an inner motivation? In other words, to enroll someone in a program or a course or put him in a treatment facility or have them in the AA, unless it is something they desire to overcome—first of all, recognizing themselves, recognizing that you have a problem is the greatest problem there is.

Mr. KIVARI. We don't find that people recognize this problem as they are going into treatment. The purpose of treatment is to recognize the problem.

Senator D'AMATO. You are saying, put them in and try to work at opening their mind at some point that they have a problem that needs treatment?

Mr. KIVARI. It doesn't matter how you get an alcoholic into treatment. The treatment results are the same where they were mandated into treatment or where they volunteered. The results are the same.

Senator D'AMATO. The success/failure ratio on breaking the dependency, you are saying there is not a great correlation between whether someone has been put in voluntarily or whether someone has been put in?

Mr. KIVARI. It's the same.

Senator D'AMATO. Doctor, do you agree with that?

Dr. DOUGHERTY. Yes.

Senator D'AMATO. If that's the case, we had better put more people into these programs.

Mr. KIVARI. It's the purpose of the program in Onondaga County. It's based on the assumption that the only thing that's going to keep these people from repeating as offenders and drunk drivers is to receive the treatment for their illness. The law is used to leverage these people into treatment. They don't volunteer for the treatment. The law and the penalties are used to leverage them in.

Senator D'AMATO. How many do you think, after going through a program, go into the treatment and are drug or alcohol free? Let's talk about alcohol. What percent that come through the program?

Mr. KIVARI. The success rates are the same. The recidivism rates for people who do not go through the program is something like 40 percent for drunk driving. The recidivism rate for those who go through the program is 4 percent. It reduces it by a factor of 10.

Senator D'AMATO. So it has been successful?

Mr. KIVARI. Yes, it has been successful with people that get caught up in the program. We deal with something in the neighborhood of 2,000 drinking driver offenders in this county in the course of a year; and yet you can clearly see that there are somewhere in the neighborhood of 1½ to 2 million drunken drivers on the road. It's with the people we are dealing with. Every person apprehended for DWI in Onondaga County has to undergo a preadjudication and evaluation so there is a screen for every person apprehended for an alcohol-related driving offense. I think that the same screening ought to be applied across the criminal justice system so that anyone involved in any kind of an offense, if there is alcohol or drug use associated with that, they should be screened for possible alcoholism or drug addiction.

I have a personal observation. I worked in the local prison system for almost 3 years from the city jail to the county penitentary to the local maximum security prison. This is not a valid statistic. I would say that the majority of the people I encountered over the course of 3 years were alcohol or drug addicts; and I think the only sure way to treat recidivism is to treat the disease.

There are some statistics issued by the General Service Office of Alcoholics Anonymous which show that the recidivism rate of active AA members in the State prison system is one-fourth of that of the general population. In other words, the overall recidivism rate in the State prison system is 80 percent. Amongst those active in Alcoholics Anonymous, the recidivism rate is 20 percent. This is a minimal treatment program, strictly voluntary. In spite of this, there is very little, if any, alcoholism and drug addiction rehabilitation going on in the State prison system anyway.

The U.S. Attorney for the Northern District, Mr. Fred Scullin, recently convened a meeting of local experts at which Dr. Dougherty attended, to begin discussing this problem. There remains a serious problem related to the financing of the treatment. Dr. Jung alluded to this.

In spite of all that is known about the success of the freestanding alcoholism rehabilitation program and the cost effectiveness, most insurance companies still refuse to provide coverage for this. Even the Federal Government has not extended this coverage to the entitlement programs, despite their own studies showing the cost effectiveness. Private companies, not known for their courage and imagination, have followed suit and still refuse to extend their coverage. This results in alcoholics being referred to general acute hospital settings for higher costs, perhaps less effective care, because it is covered by their health insurance.

Alcoholism professionals, myself included, are disgusted at a system that encourages them to select a $15,000 treatment program for their clients, when they know a $3,000 program would be more effective in treating that disease.

I think the Federal Government must take a leadership role in extending this coverage to all Federal employees. I might add; at one time, it was extended to Federal employees. They had a cost study back some years ago, and the first thing they cut out was alcoholism coverage for Federal employees; and I think that recipients of entitlement programs should be extended this coverage. It would save the Federal Government a bundle of money.

There was an Illinois study that was funded by the Federal Government which looks at 176 medicaid recipients which are basically more debilitated than the general population and looked at their health care costs over a long period of time; and they felt that, net, of the costs of the alcoholism treatment for that 21-month period, they saved $3,000 per person by providing alcoholism treatment in a freestanding rehab unit. In spite of that, they cut off the funds for the program before it was even finished; and the New York State Legislature just recently extended the program on their own with State funds. They only extended it for 1 year, and we hope that next year we will be able to get it permanent.

One last comment, this has to do with education. All of our efforts in education, particularly in the school level of elementary and secondary school, are being negated by the climate of acceptance created by the constant messages on television about the important contribution alcohol makes to the good life. TV is a great educator in this country. There is no debate on that, and I think our youth are being educated to the need for alcohol to achieve success in all aspects of life, including a feeling of self-worth.

Ten percent of those who drink consume fifty percent of the alcoholic beverages. Beverage alcohol marketers know this and shape their message to reach these people. They are smart, but very cynical. They say that alcohol is legal and not the cause of alcoholism. This may be true, but their constant messages create an acceptance of accepted alcohol use as normal behavior.

There must be equal time given to the truth about alcohol use so that those who use and abuse will know what normal is. Representative Seiberling of Ohio has introduced a bill in the Congress to require equal time on all TV. This must be equal time over and above the drunk driver issue messages. The National Association of Broadcasters and the beverage and alcohol industry are spending a lot of money putting out a lot of messages on the drinking driver issue. That is only a small piece of the problem. I don't think that that serves the public with all the messages they need to get on alcohol. They would like us to believe that drinking and driving is the only bad side effect of alcohol consumption.

I urge you, Senator D'Amato if you would perhaps hopefully sponsor a similar bill in the Senate or at least support a bill when it is introduced in the Senate. Again, thank you for this opportunity to speak. I commend you, Senator D'Amato, for your obvious preparation and grasp of the relevant facts and issues.

Senator D'AMATO. Thank you very much.

Please proceed, Father McVernon.

## STATEMENT OF FATHER JOHN McVERNON, DIRECTOR, COMMUNITY EDUCATION, MEDIPLEX GROUP, INC., NEW YORK, NY

Father McVERNON. Thank you very much. I trust that Morgan Hardiman has given you a copy of the prepared testimony which ought to make fascinating reading, if you can pull yourself away from the excitement of Syracuse after dark.

Ron Dougherty had mentioned before the 10 percent of the medical community having chemical problems. I know that better than 10 percent of the folks in my profession have problems with chemicals; and I don't live in Washington, DC; but when you watch C-Span, you'd tend to get the impression it's not an unheard of phenomenon in the Capital district at all, which doesn't go to show that either politicians, physicians or clergy are some kind of evil population. It only goes to show that they are men and women living in America in the 1980's; and, like it or not, chemical use is a widely accepted phenomenon; and where you have large numbers of people involved with chemicals, we are going to have a certain proportion of those people damaged by the chemicals; and that goes for aspirin and for Rolaids and for cortisone and all these other chemicals we are talking about, as well; and the problem that most people have with mind altering chemicals is addiction or, to use the common parlance, chemical dependence, so that we don't have to keep saying addiction and alcoholism and creating the illusion that these are two different problems.

I know, politically, both in Washington and Albany, we have separate agencies dealing with alcohol problems and problems with the other drugs. Try as we may, we just can't convince the people out on the street to understand that it's a different problem; and in AA meetings, it's so rare now to meet a person who has never used other drugs; and in drug treatment, it's simply unheard of for a person not to have had problems with alcohol.

One of the great facilitators for that marriage of the different drugs and abuses of the different categories of drugs and abuses is because the place for cocaine availability for nice people is the bar.

We talk about cost effectiveness; and in that paroxysm, of course, is the effectiveness which accompanied the arrival of Mr. Stockman in Washington.

Senator D'AMATO. Now, he is down on Wall Street; and he is going to write a book revealing all his secrets for $2 million.

Father McVERNON. We seem to have withdrawn from the coverage of Federal employees, in large part, coverage for chemical dependence. In addition to my work with Mediplex, I have acted as consultant to OPM and Health and Human Services and currently do a good deal of work with the Postal Service and the FAA; and these people need the coverage; and it's not because they are in any more trouble or under any greater stress than the rest of us. It's because they are liable to the same illnesses that you and I are liable to.

Our facility out in Schenectady, Conifer Park, is a former tubercular institution. I am Irish. I come from New York City and——

Senator D'AMATO. We won't hold that against you, Father.

Father McVERNON. That's good. It was plagued by tuberculosis, and people said that it's because you people are dirty, and you people are poor, and because you people don't clean things properly; and the real cause was, you were living in urban America in the 1930's, and that was a factor of life there at that time.

We can think of chemical dependence as a self-induced disease and conclude that it will not be covered by insurers; but doesn't that go for stroke and heart attack and cancer? Aren't there ways that any one of us could conduct ourselves so that we would be less liable to those conditions? But it would evoke such a significant change in our entire lifestyle, that we don't, many of us, go through those changes; and we still suffer those conditions; and those conditions are covered by insurers.

One hundred and forty-seven children afflicted with AIDS, so the Center for Disease Control tells us; 600 children with AIDS related complex, what we used to call the pre-AIDS condition; and the primary cause of that: Mothers who are intravenous drug users. That's a cause related to addiction; and we are paying obliquely all kinds of costs related to addiction because we won't face the fact that addiction is a disease. It is not a disease like influenza. You are not going to have somebody sneeze behind you on the bus, and 2 weeks later you are going to fall down with chemical dependence. It is not like appendicitis, nor is it like heart disease; but there is only an analogous likeness between any of the illnesses.

Carcinoma doesn't look like a stomach disorder either, but it stands in the way of full functioning of the human being; and chemical dependence is a physical condition that stands in the way of the full functioning of the human being; and if we don't cover that in our insurance policies, we are not living in the material world. Policies that won't cover methadone care, which is a very cheap way and not effective with many of the addicts but remarkably effective with a very small percentage of the addict population, refusal to cover the drug treatment because it is not a treatment in a hospital setting. Yes, providing for inpatient care in a hospital, but 5 days or 14 days—when the accepted wisdom is 28 days; and folks don't pull those numbers out of the air.

You need a week to detox and a week to learn the program. You need a week to live the program. You need a week to get ready for reentry. Yes, with certain folks, a smaller period of time is fully appropriate; and for other people, a much longer period of time is appropriate.

If we were as restricted in the care of the cancer patient as we are in the care of the chemically dependent individual, we wouldn't be seeing any of those successes in cancer treatment that we have seen over the last 10 years. And for my part, I think cancer is the appropriate analogy for chemical dependence. One, cancer is a family of diseases. Chemical dependence is a family of diseases. Two, cancer is resistant to cure. We don't talk about cure as much as periods of remission. In chemical dependence, we don't talk about cure. We talk about time drug-free, periods of sobriety.

Both are related to environment. The etiology of cancer rests in the air we breathe, the food we eat and the water we drink; and the genesis of chemical dependence has something to do with the inner environment, what is going on, values and the way we live with one another; and the most important likeness between cancer and chemical dependence is that both are potentially fatal conditions.

Cancer calls for aggressive, immediate treatment. Confront it, diagnose it, deal with it; and how does the Federal Government deal with its own employees or the major insurers as they write the policies and implement them, deal with it? It is denial. Fake it. Ignore it.

I don't look to the Government for the solution of all America's problems. I mean, God forbid, they want more sex education in the schools. Well, we know in the schools that Johnny can't read. Wouldn't it be frightening to figure out what Johnny wouldn't be able to do if the schools really took over sexual education of our children; but I think Government has a role, at least, in providing appropriate coverage for those men and women and their families. That's the arena where insurance coverage doesn't reach. We call it a family disease, and we don't treat the family; and, also, the more the Government can move to insist that a sensible insurance coverage has to cover the full panoply of diseases that afflict the contemporary Americans and should extend the coverage of chemical dependence, whatever the nature of the chemical dependence should call for.

Thank you for the opportunity to speak with you this morning.

[The prepared statement of Father McVernon follows:]

## PREPARED STATEMENT OF FATHER JOHN MCVERNON

The current enthusiasm for health cost containment has led to a number of bad moves both in individual's design of their own health care plans and employers provision of coverage for working people.

The illusion is that proper provision for the treatment of chemical dependency, alcoholism or addiction is a frill, nice if we could have it, but no big deal if we do without it.

In part we are making a value judgment that nice people don't have problems like that.

But outstanding, gifted, productive, promising Americans do. There may be pre-existing, dispositive, genetic or emotional conditions, but anyone of us regardless who our parents were, despite whatever our early life experiences may have been, can be afflicted with alcoholism or addiction if we try hard enough.

In part, we are ignoring the monster and fighting with its children. A costly deceit. We pay for the stomach disorders, we pay for the viral infections, we treat the broken skulls, broken limbs, broken lives and broken minds... but the causative condition, we ignore.

Youthful suicide. Our thoughts about why people commit suicide are based on a patient population that no longer exists. A few years ago a suicide may have been an aged person, ill, widowed or depressed. Now its more likely a young adult, of high school or college age, in no sense clinically depressed but altered in perception of life and their place in it by increasing chemical involvement.

Suicide among the young is a major health problem. A very costly one. And we walk right by its most frequent cause. Perhaps because the drug and alcohol problem is so big, we can't perceive it.

Edmund Carpenter, the theoretician whose popularizer was Marshall McLuhan, said:

> "I don't know who discovered water, but it wasn't a fish."

And we are so immersed in a chemically using culture that the problems become part of the context in which we live.

In fact, we are denying that chemical dependence is a disease. Granted it's not a disease like appendicitis. Nor is appendicitis a disease like influenza. Nor is influenza like heart disease or arthritis or mental illness.

Disease is an analagous concept.

Chemical dependence is the most mis-diagnosed and under-treated of all the major killers.

As with any illness each of us, at varied times in our lives and in comparison with others, has a greater or lesser susceptability to the condition.

In our time, chemical dependence is an illness on a par with carcinoma.

Neither of these conditions is a solitary illness. Each is a family of diseases. Lymphoma isn't melanoma and cocainism isn't the same as sedativism.

Both cancer and chemical dependence reveal problems in our environment. The former shows the contaminents in the air we breathe, the water we drink, the food we eat. Chemical dependency outlines the problems of the inner environment, the things we value, the way we live with one another.

We are uncertain about the etiology of each. How is it that one person falls victim to cancer and another does not. One person becomes chemically dependent and another, in the same situation, never does.

Both are resistant to cure. With cancer we speak of periods of remission and prolongation of life. With chemical dependence, we talk about periods of sobriety and time drug-free.

Here is the most significant similarity.

Both are potentially fatal.

Each has to be treated aggressively.

We don't fool around when it comes to cancer. Face it. Diagnose it. Treat it.

We do fool around when it comes to alcoholism and addiction. Delay it. Fake it. Ignore it.

Call it something else and spend the money to patch the victim here and pat the victim there but, like cancer, chemical dependence if it doesn't get better, it will get worse.

On that smorgasbord of insurance policies that working people, government employees, union folks, professionals and family members can benefit from, every one should provide for direct, adequate, immediate and aggresive treatment of chemical dependence. Only then are we talking cost-effectiveness. And as far as government can go to provide that for its own employees and all Americans, it should go.

Senator D'AMATO. Father, thank you for bringing forth as constructively as you have, and making the analogy which I think is terribly appropriate in terms of the disease of alcohol and drug abuse and that of cancer, and the fact that we have cut back on the care of these people and giving them the opportunity through insurance programs, I think is one that certainly we could look to rectify.

If we proclaim on one hand that this is a great epidemic and, on the other hand, fail to do anything, I thank you for calling this to my attention, and I am going to look into it and see what, if anything, we can do. I have one vote, at least; and if we can get 51 others in the Senate, maybe we can do something to restore a sound financing mechanism for health care.

Father MCVERNON. One vote and a loud voice can make a big difference.

Senator D'AMATO. We have a number of questions that we would like to ask members of the panel. If we were to get you those questions, and you could respond in writing to us, we would be deeply appreciative. I think it's important, and we will proceed in that manner.

[A short recess was taken at this point.]

Senator D'AMATO. Ms. Jessica Cohen, Onondaga-Madison Board of Cooperative Education Services [BOCES] Director of Alcohol-Drug Abuse Prevention and Education Program.

## STATEMENT OF JESSICA COHEN, DIRECTOR, ALCOHOL-DRUG ABUSE PREVENTION AND EDUCATION PROGRAM, ONONDAGA-MADISON COUNTIES, NY, BOARD OF COOPERATIVE EDUCATION SERVICES

Ms. COHEN. My name is Jessica Cohen, and I am pleased to be testifying today on behalf of the Onondaga-Madison BOCES Alcohol-Drug Abuse Prevention and Education Program [ADA-PEP]. ADA-PEP is a school-based substance abuse prevention program which, throughout the 14 years of its experience, has provided a wide spectrum of information, education, and counseling services to students, teachers, administrators, and parents in an attempt to prevent the misuse of alcohol and other substances.

Services are provided in 16 school districts in Onondaga and Madison Counties through the efforts of 36 specially trained prevention counselors. The program is funded through the Onondaga County Department of Mental Health, the New York State Division of Substance Abuse Services and the local school taxes.

Approximately 40 percent of our $1 million budget for the 1985-86 school year is provided through local tax dollars from the 16 school districts, with the remainder coming from State funds.

It is from the perspective as director of this program that I wish to address two topics today: One, the need for school-based prevention services, in general, and more specifically, the need for services for the elementary level students, and two, the need for research into programming strategies which will be successful in preventing school age substance abuse.

Senator D'AMATO. There, I agree with you. We have never identified the best programs that have been the most effective, those programs that have demonstrated the best measure of success, let's say, in elementary schools. So what we have is everyone running off in his or her own little way; and some of them may be somewhat successful; and many of them are absolutely worthless; and they may even be counterproductive. So I agree with you most emphatically.

Ms. COHEN. I will address a little later in my testimony some of the things that we believe and found to be successful.

There is no question that substance abuse is a societal problem for all ages. The growing numbers of alcoholics, cocaine addicts, and abusers of other substances cost millions of dollars to industry and society each year, as well as having devastating impacts on individuals and families.

We must remember, as we discuss the need for school-based prevention programs, that adolescent drug use does not exist in a vacuum but is a part of and a result of our societal attitudes regarding substance abuse. As such, school-based prevention will only be successful when it is a component of a prevention program that targets all levels.

Substance abuse by our adolescents and preadolescents is particularly disturbing, however, because of the disruption to the educational, intellectual, social, psychological and physical development of the adolescent. The research on substance abuse indicates that students are experimenting, using, and abusing drugs at younger and younger ages; and we have heard some of that testimony this morning.

I am sure that you are familiar with the recent research done by the New York State Division of Substance Abuse Services which indicated that about 31 percent of seventh graders reported that they have used at least one substance, alcohol, marijuana, stimulants, or inhalants before they reached seventh grade.

Eighty-three percent of the 7th through 12th graders use or have used alcohol; and among those who are current drinkers, 75 percent reported that they had their first drink by the age of 13 or before. Even more discouraging is the report that 13 percent of this population were heavy drinkers, drinking large amounts at least once a week. The statistics presented in the New York State survey do not differ significantly from other local, State, and National surveys.

It is these statistics, along with our experiences in working with children who are at high risk for substance abuse, that lead us to our strong belief in the need for early prevention and intervention services provided in the schools, the locale where students spend much of their time.

Prevention services must include components which address these factors which promote and facilitate the initiation of substance abuse. Our program of prevention includes aspects, therefore, which attempt to address the prosubstance use social influences which come from the family, the peer group and the media.

We also attempt to address the psychological factors such as poor self-esteem, need for social approval, and low assertiveness related to the cognitive and social development of preadolescents which increase the susceptibility of these students to substance abuse.

A third component of our prevention program is the delivery of information and education about drugs' and alcohols' effects and consequences. And finally, the fourth component of our prevention program is the delivery of counseling services to those students who are at high risk for use and abuse and to those students who are already abusing substances.

Our program builds upon a sequentially designated curriculum of education and skill development in self-image awareness, decisionmaking, communication skills, and information about drugs and alcohol.

Our information and education services begin in elementary school, at the cognitive level of the students, and provide a basis for students to develop the skills to make appropriate decisions about drug use and other social pressures. The skills are developed through lecture, small group discussion, role playing, and other similar activities.

Another essential component of prevention programs is the services provided to teachers, administrators, parents, and community members to enable those who are in contact with students on a daily basis to assist in our prevention efforts. Our staff, and the staff of most prevention programs, works to train teachers to develop the skills which promote drug resistant students.

We also provide to parents, on an individual and group basis, workshop and training to develop the skills necessary for raising children who are more drug resistant. These skills include parent education training, drug awareness, and other relevant information. It also means encouraging the adult role models, be they parents, teachers, or administrators, to be conscious of the messages that they give about substance abuse.

In general, the other part of our activities includes working with children who are truly high risk for substance abuse. While all children are at some risk for substance abuse because of the society that we live in, there are some children who are at extremely high risk for abuse—the children of substance using or alcoholic parents, the child with low self-worth, the child who is acting out, sexually active, or depressed.

Research has indicated that these students need one-to-one counseling which focuses on their presenting problems and also their use and abuse of substances. Our counselors work with these students in individual or group sessions, as well as engaging in family counseling when necessary.

In the 16 school districts that we serve, our emphasis has been on the middle school population. We have attempted, whenever possible, to provide these services at the elementary grades to provide the basis of a strong prevention effort. But without additional funding for expansion, our services will continue to be focused on the preteen and teenage population because of the observability of the problems.

Programs like ours need to continue to reach down to the elementary schools either through direct services or through teacher training and parent training. We need to begin these programs as early as possible, but certainly by the time students are 10 years old; and we need to give them the message that not only should drug abuse be resisted, but also that there are many other ways to get high on life.

We think that our program is working. The response from students, parents, teachers, and administrators is always positive. Yet, without a comprehensive program of longitudinal research, we will not be able to be sure that our program and its methods are effective. And without the money, time, and expertise to do this type of research, we will continue to be confronted with the fears that our programs will be dropped for being a nonessential.

Complementing the research on the long-term effectiveness of prevention programs would be increased research on the theories of prevention and the type of programs which work with specific groups of students. This would enable us to target specific groups of high-risk students with the most effective and beneficial programs.

Substance abuse is related to many behavior problems exhibited by students in school, in the community, and at home. We believe that, in the long run, prevention programs such as ours will make a significant difference in the quality of life for the students with whom we come in contact.

Your assistance in helping us to investigate our success through more research and to expand our services to more students and to younger students will be greatly appreciated.

Senator D'AMATO. Thank you very much, Ms. Cohen, for your presentation; and let me commend you for your efforts to attempt to broaden the program by bringing it to the elementary school level, which I think is absolutely essential, as you have spelled out, because I do believe that particularly in the high-risk areas that you talked about, that the opportunity of being successful in prevention will certainly be better if carried out in lower grades where some of those students look to their teachers and look to that institution as maybe the only role model, positive role model that they may be exposed to.

Certainly, it is incumbent upon us to give them that positive role model as it relates to their own self-worth, and so forth. So we thank you very much for your presentation.

Dr. DOUGHERTY. When Morgan Hardiman and I were talking about the agenda for today, I said, it's very well for us to talk about alcohol and drug abuse, but I think it would be worthwhile for you to hear from a former consumer.

DON C. I started using alcohol when I was 10 years old because it was around the house all the time. My mom is a casual drinker, and I thought it would be a grownup thing to do when I was 10 years old so I started to drink.

Senator D'AMATO. When you say you started to drink, did you do it on weekends or do it alone, or did you do it with some of your friends?

DON C. I would do it on weekends and take a beer and sneak away when my mom wouldn't know where I was and drink it, thinking that it was an adult thing to do because I always see adults drinking; and as time went on, I started drinking more on weekends, a six-pack on weekends; and then after awhile, it would be maybe one or two beers after school and a six-pack on weekends; and then I got into hard liquor, whiskey, vodka—all within a period of 3 years.

Senator D'AMATO. You started this when you were 10? During the 3-year period, you started with a beer, and then a six-pack of beer and then liquor? Did you do that with friends?

DON C. Yes, with friends and by myself.

Senator D'AMATO. Were they your age?

DON C. Yes, they were. About the time I turned 14 years old, I started smoking pot, which was maybe once a month because, at that time, I didn't have a lot of money. So whenever I did have the money, I would buy some pot; and me and my friends who were my age would go out and get high and drink a few beers and have fun.

We thought we were having fun; and, at that time, it was fun. We didn't know what it was doing to us. From the time, 14 until I was 16, that 2-year period, I started using pot every day and drinking every day. I would wake up in the morning, get high, go to school, get high, come home, get high, go out with my friends drinking after school, drinking a lot on weekends; and when I turned 16 years old, I got introduced to cocaine in school. Just walk down the hall, and you can find someone selling it. Someone will approach you, or you can approach someone.

Senator D'AMATO. Did you buy it the first time, or was it offered to you?

DON C. A friend of mine who I used to do drugs with, he started using cocaine before I did; and one night, me and him went out; and he said, want to try some of this; and I said, sure. I was always willing to try something new; and I tried it; and I liked it, and I worked at fast food restaurants; and there was enough money there to buy maybe a gram a week.

Senator D'AMATO. How much did that gram a week cost you when you started?

DON C. A hundred dollars.

Senator D'AMATO. You were spending a hundred dollars a week?

DON C. My whole paycheck, yes. Then a gram a week wasn't enough so I ended up breaking into a house to get money; and while I was in the house, I found a bar, and I took alcohol, too; and I got out of the house with money and alcohol; and, needless to say, I got arrested; and I was in jail for awhile. I got youthful offender for that and was sentenced to 5 years' probation, and that didn't stop me, and I got arrested again for grand larceny.

Senator D'AMATO. Did you do more burglaries after that before you were apprehended?

DON C. No, but I did continue to use pot, and I used cocaine with my friends and drank when I was on probation. It didn't stop me. Then I got arrested in March 1984—no, August 1984 for grand larceny; and I was in jail again; and then I got stipulated to Alpha House until I completed the program; but Alpha House wasn't working out for me. I wasn't making any progress at Alpha House so I went to Benjamin Rush.

Senator D'AMATO. Why weren't you making progress at Alpha House?

DON C. To me, it was too much like jail. You couldn't do things such as go out. You always had to be in the house working, working, working. I worked in the kitchen at Alpha House. I was in the kitchen 16 hours a day, cooking breakfast, lunch and dinner, plus cleaning up after 20 people.

They had group therapy which is a way we got to air our problems, what's been bugging us for so long; and that didn't work either because I didn't want to open up; and I left Alpha House in February and went to Benjamin Rush; and I was there from February to April; and I was introduced to AA and NA which right now is the only reason for being out of the Benjamin Rush. It's a big reason why I'm sober and straight now. If I didn't have that, probably I would have started using again; but with the people in the programs, I have the support that I need; and I feel confident about myself; and I know that just one day at a time I can stay straight and sober. I have been sober now for—it will be 10 months the 20th of this month.

Senator D'AMATO. How old are you?

DON C. Seventeen years old.

Senator D'AMATO. I wonder how many persons could abstain from any kind of alcohol or drug dependency for a day. I wonder how many could do it for a week. I wonder—maybe that's why we have the conspiracy of denial, because within each and every one of us we may see at least that little glimmer, if not more, not of hope but of a problem. It's very easy to deny.

DON C. Myself, I couldn't stay away from it more than a day. The first time I got arrested, I went to court to be sentenced; and that morning before I had even left my house, I was getting high. I was high in court, and then I got high after court, and I still kept going until I got arrested again. But since October 25, 1984, I have been drug and alcohol free.

Senator D'AMATO. Let me congratulate you on your effort; and, as you say, take it one day at a time; and thank you for coming forward today; and we wish you good luck. We are going to send some questions to you, and we would hope that you would answer us in writing.

Our final panel, representatives of Syracuse University, David Lohrmann, Ph.D., health education coordinator, and president, New York State Federation of Professional Health Educators, Mary Lou Koenig, dean of students, and Vincent Lamparella, director of student health service. I am going to ask if you have prepared statements, that they would be tendered into the record as if read in their entirety, and ask you to summarize them because we are running late, and we are interested in your observations. Ms. Koenig, please proceed.

## STATEMENT OF MARY LOU KOENIG, DEAN OF STUDENTS AND ASSISTANT VICE PRESIDENT FOR STUDENT LIFE, SYRACUSE UNIVERSITY

Ms. KOENIG. In the past several years, there has been a notable reduction in the use of illicit and illegal substances by college students.

Senator D'AMATO. What? Repeat the statement.

Ms. KOENIG. I am referring specifically to angel dust, LSD, the kinds of hallucinogenics more than to marijuana and not at all to cocaine.

Senator D'AMATO. With respect to certain specific substances, there has been a shift away from them? Would that be more accurate?

Ms. KOENIG. However, in contrary motion, there has been a gradual increase in the consumption of alcoholic beverages by this target population. Attempting to summarize, as you requested, the emergence of alcohol as a problem of equal and, from a visibility standpoint, greater severity than that of the drug problem which is evident in isolated incidents. It appears in the form of physical conduct, accidents, injuries, the suicidal gesture and the serious suicidal attempt.

Any institution, whether speaking of a college or a hospital or a grade school or the United States Senate, comes by its information in ways that are cruel; and as it came to our attention that many of the events we are speaking of were alcohol related, we began to do informally some things that we would hope would have an effect in minimizing the abusive and excessive use of alcohol.

I am speaking specifically of the policy of the residence halls to limit approval of parties to those that are either nonalcoholic or, if they include alcoholic beverages, conformed to Bacchus guidelines. The practice spread to all events sponsored by the office of student affairs and all student organizations holding social events on campus.

The traditional fall and spring beer blasts, which you may recall, became the Walnut Park block parties where only soft drinks and food were sold. University student identification cards had often been accepted by local bartenders as proof of legal drinking age. These have been revised to include the student's date of birth as well as a photograph. We do not vouch for the accuracy of the information, and this is well known; but at least in the case of most freshmen, up until perhaps April of their first year, they are younger than the legal drinking age, and evidence to that effect is often on their person and allows bars to be more discriminating in their service. Additionally, we minimize the opportunity to advertise alcoholic beverages, to focus on or feature alcoholic beverages as the major interest of any event. This fall we will see the first dry rush among our fraternities.

Our disciplinary system has never regarded intoxication as a mitigating factor in social misconduct. This problem of intoxication is viewed as an exacerbating factor; and in addition to the normal sanction that would be imposed for whatever kind of violation we are talking of, we also now mandate counseling for alcohol abuse or excessive use.

This summer, it was my privilege to serve on the first all university alcohol task force. It is comprised of 14 administrators and 9 students and has completed its work and submitted its report to the senior vice president for student services and will move from that office from the office of the chancellor. It would be premature to disclose the particular tenents of it, but it is directed towards the legal and moderate use of alcoholic beverages and the social acceptability of nonalcoholic beverages and takes a position that our efforts to deal with alcohol abuse be more rehabilitative than punitive. My esteemed colleague, Dr. Vincent Lamparella, has provided understanding leadership in many of these programs directed at informing students about the nature and abuse of alcohol, and I defer to him now.

Senator D'AMATO. Thank you very much.

[The prepared statement of Ms. Koenig follows:]

## Prepared Statement of Mary Lou Koenig

Over the past several years, there has been a notable reduction in the use of illicit and illegal substances by college students. However, in contrary motion, there has been a gradual increase in the consumption of alcoholic beverages by this target population. If this was a predictable circumstance, it was also one that was viewed with some relief. The affects of alcohol abuse are well-known to chronologically more mature adults. Parents and professionals alike were relieved to be dealing with a problem of which they had direct or indirect knowledge.

That alcohol abuse is a problem of national scope in most higher educational settings is well-documented and provably true. The details of that documentation need not be reviewed here. Syracuse University has a proud history in the academy and an historic reputation for its social aspects. To maintain the scholar and permit the social always requires walking a tightrope.

Awareness of alcohol abuse as a serious campus problem gradually evidenced itself in isolated incidents: social misconduct arising out of the excessive use of alcohol; alcohol related injury; the suicidal gesture made during a period of intoxication. It began to appear that the increase of incidents was directly related to the growing number of students who were drinking excessively or abusively.

Before the legal drinking age was raised to nineteen, Syracuse University began to move quietly toward curbing excessive drinking. Parties in residence halls were approved by their directors only if non-alcoholic beverages and food were served in amounts commensurate with the size of the gathering and the availability of alcoholic beverages conformed to Bacchus guidelines. The practice spread to all events sponsored by the Office of Student Affairs and all student organizations holding social events on campus.

The traditional Fall and Spring beer blasts, opening and closing the academic year, became the Walnut Park block parties where only soft drinks and food were sold. Other large campus events have taken a similar direction.

University student identification cards had often been accepted by local bartenders as proof per se of legal drinking age. These have been revised to include the student's date of birth as well as his/her photograph. While the presence of the birth date does not serve as the University's imprimatur for accuracy, it does curb blind acceptance of the bearer being of legal drinking age.

Campus advertising may not feature the availability of alcoholic beverages at any campus event. Such information may be included in the same style of print and size if other refreshments are also listed. The fraternities have been working toward a completely dry rush. This Fall will bring the total acceptance of that effort. (Sororities are prohibited from serving alcoholic beverages by their individual national offices.)

The University disciplinary system has never regarded intoxication as a mitigating factor in social misconduct. This past year records the implementation of a higher standard. Intoxication is viewed as an exacerbating element. Where it is present, intoxication requires mandatory counseling in addition to the accepted sanction for the underlying misconduct.

This summer it was my privilege to serve as chairman of the first all-University Alcohol Task Force. The Task Force, comprised of fourteen administrators and nine students, has completed its work and submitted its report to the Senior Vice President for Student Services. It is applicable to all members of the campus community--faculty, staff, and students--while they are on campus or at campus related events.

We reasonably expect that the report will be hospitably received by the Senior Vice President and endorsed by the Chancellor, quite likely with some revision. It is also expected that the policy, in its final form, will become effective September 1, 1985.

It would be premature to disclose the specific tenets of the policy. However, it is a fair characterization to report that it is directed toward the legal and moderate use of alcoholic beverages and the social acceptability of abstinence as accoutrements of the social experience. The policy is intended to bring a higher visibility to the importance of health and well-being in a positive sense, rather than fixing one's attention on the prohibitive and punishment.

During the time the changes I have reported have occurred, several educational programs have served a parallel and preventive purpose. My esteemed colleague, Dr. Vincent Lamparella--the Director of Syracuse University's Health Services, has provided outstanding leadership for these programs. I am pleased to introduce Dr. Lamparella to you.

Senator D'AMATO. Please proceed, Dr. Lamparella.

## STATEMENT OF V.J. LAMPARELLA, JR., M.D., DIRECTOR, STUDENT HEALTH SERVICE, SYRACUSE UNIVERSITY

Dr. LAMPARELLA. To summarize some of this statement briefly, obviously, the use of alcohol in the United States is very widespread; and the cost of alcohol abuse is high. Since it is a legally sanctioned drug, and since it is embedded in our society since recorded history, it seems likely that everyone will be faced with decisions regarding the use of alcohol.

The problems that beset society also effect the university, whose composition is unique because of the high concentration of young people who are at the same time being educated and also maturing into fully functional adults. Therefore, I think it behooves society in general and the university in particular to educate its members about alcohol.

I am just going to highlight some of the educational programs at Syracuse University. One may view these efforts as targeted to the following groups: Nonusers, users, abusers, alcoholics, and children of alcoholics.

First of all, for nonusers and users, these people either do not drink, or they drink but do not suffer any adverse consequences. In universities in New York State, the group legally designated as nonusers, those under age 21, will become the majority of undergraduate students. General educational programs directed toward this large group are many and varied.

WAER FM 88, a 2-week long series of programs were presented by the university owned station in 1984–85, dealing with alcohol abuse by parents of students and the experiences of an alcoholic.

Television, the University Union. This student-run university cable system has delivered a variety of public service announcements sponsored by the New York State Health Department, the House of Seagrams and the National Association of Brewers and others.

Alcohol Awareness Week, February 1985, in conjunction with the National Collegiate Alcohol Awareness Week, this was sponsored by students and staff. It included movies, lectures, and literature and participation by the county sheriff, alcohol sensor demonstration and DWI determination, local bars serving creative nonalcoholic beverages, and the district attorney. And I have attached a program index of that.

Residence hall workshops. All resident advisers are required to present one workshop a year for each floor of a residence hall dealing specifically with alcohol issues. This program reaches thousands of students. An attached appendix indicates a variety of available topics.

Syracuse University BACCHUS, Boost Alcohol Consciousness Concerning the Health of University Students. This is a nationwide student organization which promotes the responsible use of alcohol on campus. A Syracuse University chapter was founded in 1985.

Abusers are people whose drinking has resulted in adverse consequences that have required them to enter the university judicial system.

TRAC, this is an alcohol education program instituted to deal primarily with students referred by the judicial system due to a disciplinary problem where alcohol was involved. Its style and philosophy, based on mandated referrals, education, early intervention and evaluation, resembles a drinking driver program. As an aside, the individual responsible for creating this program was also responsible for developing a great deal of drunk driving programs. His name is Tom Hadlick, and he is associate director of the Onondaga Council on Alcoholism.

The AA is a chapter of Alcoholics Anonymous whose members are primarily university people and meets regularly on the campus; and the ASC, the Alcohol Services Center, is a voluntary program available for any student who feels he or she may have a drinking problem. The ASC offers education, assessment, counselling and referral. Children of alcoholics, studies indicate that these individuals are at a high risk of developing alcoholism and other related problems. The children of alcoholics support group is an educational support and counseling experience offered to Syracuse University students who have been affected in a variety of ways by growing up with an alcoholic parent.

Many universities have initiated educational programs specifically dealing with alcohol. Proper education allows individuals to make informed decisions. As may be deduced from the previous descriptions of programs at Syracuse University, the distinctions between information, education, counseling and therapy are often blurred.

However, motivation toward responsible decisionmaking regarding alcohol use depends on many complex factors, including societal and parental attitudes, individual development and maturity and the law. Thus, educational programs remain only a part, although a very important part, of the total approach that we all must take in dealing with this almost universally used but potentially lethal drug, alcohol.

[The prepared statement of Dr. Lamparella, together with the attachments referred to, follows:]

## Prepared Statement of V.J. Lamparella, Jr., M.D.

### ALCOHOL EDUCATION PROGRAMS AT SYRACUSE UNIVERSITY

I. Introduction

The use of alcohol in the United States is widespread. The cost of alcohol abuse is high, leading to poor work performance, accidents, illness and death. Alcohol is the only legally sanctioned psycho active drug used in our society, and it has an apparent social value. For these reasons, and because alcohol use has been embedded in our society throughout recorded history, it seems likely that everyone will be faced with decisions regarding alcohol. The problems that beset society, also effect the University, whose composition is unique because of the high concentration of young people who are at the same time being educated and also maturing into fully functional adults. Therefore it behooves society in general and the University in particular to educate its members about alcohol.

The following section highlights some of the educational programming at Syracuse University. For the purposes of clarification one may view these efforts as targeted to the following groups: non-users, users, abusers, alcoholics, and children of alcoholics.

II. Programs

A. Non Users and Users.

These people either do not drink, or drink but by their behavior they do not suffer any adverse consequences. In universities in New York State, the group legally designated as non users (those under age 21) will become the majority of undergraduate students. General educational programs directed toward this large group are many and varied. A few examples follow:

1. Radio - WAER FM 88. Two week-long series of programs were presented by the University owned station (in 1984-85) dealing with: a) alcohol abuse by parents of students; and b) the experiences of an alcoholic.

2. TV - University Union. This student run University Cable System has delivered a variety of Public Service Announcements Sponsored by the NYS Health Department, the House of Seagrams, and the National Association of Brewers and others.

3. Alcohol Awareness Week, February, 1985. In conjunction with National Collegiate Alcohol Awareness Week, this was sponsored by students and staff. Included were movies, lectures and literature; and participation by the County Sheriff (alcohol sensor demonstration and DWI determination), local bars (serving of creative non-alcoholic beverages), and the District Attorney. (A full program index is attached.)

4. Residence Hall Workshops. All resident advisors are required to present one workshop per year for each floor of a residence hall dealing specifically with alcohol issues. This program reaches thousands of students. An attached appendix indicates the variety of available topics.

5. BACCHUS (Boost Alcohol Consciousness Concerning the Health of University Students). This is a nation wide student organization which promotes the responsible use of alcohol on campus. An S.U. chapter was founded in 1985.

B. Abusers

These are people whose drinking has resulted in adverse consequences that have required them to enter the University judicial system.

TRAC - Toward Responsible Alcohol Consumption. This is an alcohol education program instituted to deal primarily with students referred by the judicial system due to a disciplinary problem where alcohol was involved. Its style and philosiphy, based on mandated referrals, education, early intervention and evaluation, resembles a drinking driver program.

C. Alcoholics

These individuals have the disease alcoholism.

1. A.A. A chapter of Alcoholics Anonymous whose members are primarily University people meets regularly on the Campus.

2. ASC Alcohol Services Center. This is a voluntary program available for any student who feels he or she may have a drinking problem. The ASC offers education, assessment, counselling, and referral.

D. Children of Alcoholics

Studies indicate that these individuals are at high risk of developing alcoholism and other related problems.

Children of Alcoholics Support Group. This is an educational support, and counseling experience offered to SU Students who have been affected in a variety of ways by growing up with an alcoholic parent.

III. Conclusion

Recently many universities have initiated educational programs specifically dealing with alcohol. Proper information allows individuals to make informed decisions. As may be deduced from the previous descriptions of programs at Syracuse University, the distinctions between information, education, counselling and therapy are often blurred.

However, motivation toward responsible decision making regarding alcohol use depends on many complex factors including societal and parental attitudes, individual development and maturity, and the law. Thus, educational programs remain only a part, although a very important part, of the total approach that we all must take in dealing with this almost universally used but potentially lethal drug: alcohol.

# ALCOHOL AWARENESS WEEK

# 1984

February 19-24

For More Information Contact:

Jane D. Cummings
Office of Residence Services
202 Steele Hall
Syracuse University
Syracuse, NY 13210
315/423=3637

## ALCOHOL AWARENESS WEEK

| | | |
|---|---|---|
| Sunday, February 19-<br>9:00pm | "Calling the Shots"- A film dealing with the images advertisers use to sell alcohol, followed by a discussion. | Grover Cleveland |
| 9:00pm | "Alcohol: Pink Elephant"- A short alcohol film shown before weekly movie feature. | Sky Barn |
| Monday, February 20-<br>5-7:00pm | Alcohol Sensor Demonstration- A representative of the County Sheriff's Department will demonstrate how this equipment is used to determine DWI on a panel of students consuming various amounts of alcohol. | Kimmel Dining Hall |
| 6:30pm | "Know When to Say When"- A film which demonstrates the arrest of a young professional stopped for DWI. | Haven Hall Main Lounge |
| 7:00pm | Fetal Alcohol Syndrome- A slide show and discussion by Jane Marcello from Benjamin Rush Hospital. | Kappa Kappa Gamma House |
| 7:00pm | "Calling the Shots"- description above. | Gamma Phi Beta House |
| 7:00pm | "Until I Get Caught"- A film which discusses the serious problem of drunk drivers and what's being done about it with Joe Monti, DWI Counselor. | Lawrinson Hall |
| 8:00pm | "Know When to Say When"- description above. | Boland Hall Main Lounge |
| 8:00pm | Think Twice About Drinking- Presentation and discussion on the effects of alcohol and what it means to be driving while intoxicated. | Day Hall |
| Tuesday, February 21-<br>5:00pm | Alcohol Sensor Demonstration- description above. | Shaw Dining Hall |
| 8:00pm | "Sedation of America"- featuring Barbara Gordon author of I'm Dancing As Fast As I Can and producer of NBC Today's Show. | Grant Auditorium |
| Wednesday, February 22-<br>5:00pm | Alternative Bar Demonstration- Samples of creative, non-alcohol party drinks (will be served by the Village RA staff). | Haven Hall Lobby |
| 6:30pm | Responsible Party Planning- Procedures and creative ideas such as alternative non-alcoholic drink specials will be presented by Jane Cummings and Valerie Rauckhorst. | Delta Phi Epsilon House |

| | |
|---|---|
| Wednesday cont'd.<br>7:00pm | Alcohol Related Legal Issues- Presentation and discussion with District Attorney Bill Rose.<br>Delta Gamma House |
| 7:30pm | "Calling the Shots" film and discussion.<br>Day Hall |
| 7:30pm | "Know When to Say When"- description above.<br>Flint Hall |
| 8:00pm | SU Drinks Responsibly- A presentation on responsible party planning and creative non-alcoholic bar demonstration.<br>Sadler Main Lounge |
| 9:00pm | "Calling the Shots"- a film on alcohol and advertising<br>"Until I Get Caught"- film on drunk driving<br>Watson Main Lounge |
| 9:00pm | "Know When to Say When"- description above. K/m |
| Thursday, February 23-<br>8:00pm | DEBATE: SHOULD THE DRINKING AGE BE RAISED?<br>SU Debate Team versus Concerned Citizens Against Drunk Driving and R.I.D. Watson Theatre |
| Sunday, February 26-<br>9:00pm | "Thinking About Drinking"- short alcohol film to be shown before the regular feature. |

Other activities:

--Buttons promoting alcohol awareness will be distributed around the campus.

--Garbage bags promoting alcohol awareness will be passed out by men in the guard houses stationed at the parking lots.

--Local bars will be serving creative, non-alcoholic beverages and posting alcohol awareness posters.

--Professors have been approached to devote class time to integrating alcohol awareness week into their subject matter.

--Alcohol awareness literature will be available around campus.

--Alcohol related movies will be shown in the Health Center waiting room throughout the week.

--Public service announcements will be made throughout the week on local radio stations.

--UUTV will be showing a movie on Alcohol and the Disease Concept.

This week is co-sponsored by ORDS, RADAR, Student Affairs, and University Union Speakers Board

# Alcohol Awareness Programs

## Educational

### Workshops/Programs:

#### Alcohol First Aid

A program disigned to equip students with information and appropriate responses when dealing with someone who has had too much to drink.
Resource: SU Health Center, SU Ambulance.

#### Alcohol Sensor Demonstration

A representative of the county sheriff's department can demonstrate how the aparatus is used to determine DWI (Driving While Intoxicated). The demonstration can involve residents who consume various amounts of alcohol.
Resource: Onondaga County Sheriff's Department
407 S. State Street, Syracuse, N.Y.

#### Dealing with Family Alcohol Problems

A program designed for students from families where alcohol use/abuse poses problems. One specific format involves use of a popular film, followed by a discussion.
Resource: Certified Alcoholism Counselor (see speakers list), Counselors in Residence, Alcohol Education Coordinator (Health Center)

#### DWI/DWAI: Driving While Intoxicated/Driving While Ability Impaired

A program presented by the instructors of the DWI courses conducted by the New York State Department of Motor Vehicles. Topics include: definitions, penalties, legal terms, and future trends.
Resource: Dept. of Motor Vehicles, Division of Driver Rehabilitation. (Jim McSweeney - Family Services Associates)

#### Facts and Myths

True/False quizzes and other exercises to provide information and generate conversation about alcohol.
Resource: Your hall director's files.

#### Mixology

A mini course on preparing drinks and responsibility hosting social functions.
Resource: Your hall director's files and Student Development Specialist. (roladex)

#### Values Clarification

A variety of exercises and discussion prompters that focus on individual's values and opinions related to alcohol and drinking.
Resource: Your hall director's files.

Speakers:

The resources listed below are available in the Syracuse Area for programs on Alcohol Use/Abuse - September 1984. For additional details see Jane Cummings, Student Development Specialist, phone: x3637.

John Barrett — P.O. Box 122
Manlius, N.Y. 13104
U.S. Brewers Association

Resources available through him; very knowledgable.
Contact Jane Cummings for more details.

Janet Besse — Rt. 20 - Village East Line
Skaneateles, N.Y. 13152
492-9651
Remove Intoxicated Drivers

Topics: DWI, Raising the Drinking Age

Jane Cummings x3637 — Student Development Specialist
Topics: Alcohol: Attitudes and Behavior, General Discussion of Alcohol and Its Effects.

Stan Fornal x4715 — Psychiatric Social Worker
SU Health Center

Topic: Alcohol on Campus; additional resource is the Graduate Assistant for Alcohol Education available through Stan Fornal.

Tom Hadlick 471-1359 — Onondaga Council on Alcoholism

Topics: Motivation and Emotional Drinking, Alcohol and the Media. Additional note: very helpful in finding a speaker if you name a specific topic.

Linda Land 446-6570 — Community Therapist

Topic: The Family and Emotional Precipators.

Larry Lantinga 476-7461 — VA Medical Center

Topics: Incidence and Prevalence of College Drinking. (What kinds of college students drink? How much do they drink? How does it affect them?)

David Lohrmann x2114/2115 — Professor Health & Phys. Ed.

Topic: General alcohol education topics.

Jane Marcello 476-2161 — Benjamin Rush

Topics: Employee Assistance Programs, Fetal Alcohol Syndrome, Women and Substance Abuse.

Jim McSweeney 451-2161 — Family Services Associate

Topics: DWI, Effects of Alcohol.
Note: Former CIR, credentialed alcoholism counselor.

Tibor Palfai x3968 — Professor of Psychology

Topic: Psychopharmacology: What Alcohol Does to Your Body.

Steve Paquette 471-1664 — Attorney

Topic: Legal Issues

Matt Silverstein — Budweiser Distributor
Please contact Jane Cummings for further information.

Senator D'AMATO. Thank you very much, Dr. Lamparella. Are you with the university?

Dr. LAMPARELLA. I am leaving Syracuse University and going to the University of Georgia.

Senator D'AMATO. Let me ask you, what field did you act in. I see you were a professor of health.

Dr. LAMPARELLA. Assistant professor of health education. I teach courses in personal health and also teach courses for professionals in education related to drug education.

Senator D'AMATO. Who do you teach?

Dr. LAMPARELLA. People from all over the campus.

Senator D'AMATO. Do you have a prescribed curriculum?

Dr. LAMPARELLA. Yes.

Senator D'AMATO. What were some of the courses?

Dr. LAMPARELLA. The drug education courses.

Senator D'AMATO. What did you teach?

Dr. LAMPARELLA. Elementary teachers, a one-credit course which takes about 16 hours and a three-credit course which takes 45 hours. The reason I had the one-credit hour for elementary teachers is the State law in New York requires adequate training in drug education for elementary level teachers but allows it up to the institution to determine what is adequate. To do all that education for elementary teachers in 16 hours, they just aren't adequately prepared, in my opinion.

Senator D'AMATO. In your opinion, 1 hour is not sufficient to undertake that task?

Dr. LAMPARELLA. Right; one other course I do have which is very exciting is for teachers in the field. It is called Growing Healthy; and presented in the West Genesee Schools; and we have trained about 80 teachers in about 2 years to use this elementary curriculum; and that's a very important part of the population, elementary teachers already in the field who have little training in health and drug education.

Senator D'AMATO. I am reading an article here written by you, February 27, 1975. Did you get in trouble for writing this?

Dr. LAMPARELLA. No; I think that was put out by the Metropolitan Life Insurance in a national publication.

Senator D'AMATO. There is a move afoot to allow noncertified teachers to teach health education at the secondary level. The State education department has chosen not to devote $50,000, despite high demands from the field. Would you like to comment on that?

Dr. LAMPARELLA. About noncertified teachers, the law states that teachers who teach drug education and health education at the secondary level must be certified to do so; and there is a commissioner's regulation that the schools are taking advantage of to allow teachers not certified and not prepared in drug education to teach. I think it's a commissioner's regulation. The education council has ruled that that takes precedence.

In 1981, the State education department developed an excellent program. It was presented, and enough copies were printed to go to each school in the State but not to each teacher, and they have had repeated requests for additional copies, and they estimate it would cost about $50,000 to print them, and the State education department says they don't have the money to do that.

To have an effective program, as I said, elementary teachers just aren't trained to deal with those topic areas. To put out a curriculum and say, teach it, without a sufficient program to prepare teachers to teach it, is not effective. You just can't put them out there and expect them to teach them. There has to be training and the support.

Senator D'AMATO. What did you say with respect to the problem? What problem, if any, do you see as a professional that you are concerned about with respect to drug abuse by our college age students, undergrad students, in regard to the use of cocaine? Is it becoming a more serious problem?

Dr. LAMPARELLA. From the students that I work with, I haven't seen that much; and I am not really qualified to answer that. I don't believe it to be much different than for any other population.

Senator D'AMATO. I see. Ms. Koenig, do you have any other observations?

Ms. KOENIG. I think that the use of coke is an increasingly serious problem. As recently as 5 years ago, it was a fairly exotic drug in terms of student population use. That is no longer true. It is common.

As I said earlier, the incidents of LSD, angel dust, that kind of thing is so isolated as to be truly sensational when it comes to one's attention by any means. I hold to my original statement that, in comparison, the increase in abuse and excessive use of alcohol far exceeds that; but, yes, the use of cocaine has increased on the campus.

Senator D'AMATO. Dr. Lamparella, have you evidenced the increase by students in regard to cocaine? Have you had occasions to have to treat people for cocaine abuse or administer some kind of help?

Dr. LAMPARELLA. We haven't seen that much. That either means we are missing it, or it's no greater than the general population, but alcohol is far and away the drug of abuse.

We did a survey over the last couple of years, and over 90 percent of all college students are drinkers. In the Northeast, that corresponds to college student drinking patterns in the Northeast, and it's hard to find a student who doesn't use alcohol. I don't know about cocaine.

Senator D'AMATO. When you say it's hard to find a student who doesn't use alcohol, what do we classify use as? Occasional, once a week? How do you measure that?

Dr. LAMPARELLA. I don't have them off the top of my head here. Here it is. This is a 1980 survey, but we have done it since then. Ninety percent drink. A light drinker would be 1 to 10 a month, something like that. Heavy use of alcohol, 29 percent. These are self-classifications, students classifying themselves.

Senator D'AMATO. Twenty-nine percent classify themselves as heavy drinkers?

Dr. LAMPARELLA. In this case, 56 drinks a month.

Senator D'AMATO. Two drinks a day? What kind of alcohol?

Dr. LAMPARELLA. That's not specified.

Senator D'AMATO. Do you have any other classification over heavy?

Dr. LAMPARELLA. No, moderate drinkers, 11 to 55 per month. I don't have that.

Senator D'AMATO. It is interesting that 29 percent classify themselves as heavy drinkers.

Ms. KOENIG. I think we are dealing with a denial factor here, as well as looking at things like security reports and evidence of misconduct, large parties where great numbers of people appear to be drunk, drinking during the week, as opposed to over the traditional weekend pattern.

Senator D'AMATO. Thank you, doctor.

Mr. Lohrmann, please proceed.

## STATEMENT OF DAVID K. LOHRMANN, HEALTH EDUCATION COORDINATOR, SYRACUSE UNIVERSITY

Mr. LOHRMANN. What I do in my testimony is talk about the basis for drug education, components of drug education curricula and my idea of an ideal drug abuse prevention program. I make the statement that, despite the apparent logic in this approach, there are many barriers to drug education. Many of them emanate from within the education establishment.

The 1982 National Center of Education statistics study, "Discipline, Order and Student Behavior in American High Schools," found drug and alcohol abuse to be one of the two top discipline problems; yet, in all save the Carnegie Foundation report, "High School: A Report on Secondary Education in America," every major recent study of education ignored health education. Clifford Adelman, a member of the panel which produced the U.S. Department of Education "A Nation at Risk" report, labeled health education as a "personal service course" and described such courses as a "vague area of mediocrity" and a "wasteland."

Senator D'AMATO. Is he right or wrong, in your opinion?

Mr. LOHRMANN. I think he is wrong.

Senator D'AMATO. Is he saying it was inadequate and characterizing it maybe unduly harshly?

Mr. LOHRMANN. I think, for some people in education.

Senator D'AMATO. He characterized the general area of health education as a wasteland, or is it more his critique of what was being taught today?

Mr. LOHRMANN. He included a number of things, including physical education. Unless it's reading, writing, and math, that it doesn't belong in schools, and the same thing with all the things on teacher effectiveness. You never hear anything about teacher health statistics. We don't want to realize that perhaps 15 percent of the teachers are alcoholics, just as any other part of the population.

In 1982, a number of programs were defunded, and the Assistant Secretary of Education said they were "not in the best interest of the Federal Government" if they deal with effective skills rather than cognitive skills. Drug education is more than information. It's getting people to deal with their attitudes and beliefs and to make decisions about that; and if we can't get programs funded that deal with that, then I don't think we will have effective drug education. Thank you.

Senator D'AMATO. Thank you, Mr. Lohrmann.

[The prepared statement of Mr. Lohrmann follows:]

## PREPARED STATEMENT OF DAVID K. LOHRMANN

I am most pleased to be able to speak in this forum in support of programs to prevent adolescent drug abuse. In testifying I am representing several groups. My primary role is as health education coordinator at Syracuse University where I teach several undergraduate and graduate courses in drug education. I have been a commissioner on the Syracuse and Onondaga Alcohol and Drug Abuse Commission and belong to the Jamesville-Dewitt Chemical People Taskforce.

My previous experience includes 9 years in public education as health coordinator for the West Bloomfield Schools, Orchard Lake, Michigan and health education consultant for the Oakland County Intermediate School District, Pontiac, Michigan. Duties in both positions included development and implementation of drug education components of health education curricula.

A secondary role I assume is president of the New York State Federation of Professional Health Educators, an organization devoted to enhancing the health status of the citizens of New York State through education. Over the past 18 months, N.Y.S.F.P.H.E. sponsored five regional conferences attended by over 2,000 people (including many high school students) on the theme, "DWI: Prevention to Treatment A Continuum of Care." A major goal was to foster and support SADD (Students Against Driving Drunk) groups.

As the title of these conferences indicates, health educators realize that there are many levels and opportunities for addressing alcohol and other drug abuse. Education is involved at all levels. The level I will address is primary prevention through school health education. Primary prevention programs are designed to prevent the problem or disease prior to onset. I will cover three areas:

drug education curricula, K-12,
the ideal prevention and early intervention program,
and problems with implementation of drug education.

A crucial question in designing drug abuse prevention programs is what "drugs" should be targeted. The public generally is concerned about drugs such as marijuana, cocaine and heroin which are the source of severe problems. It is only within the past five years, however, that the public has been willing to recognize the most serious drugs of abuse: tobacco, alcohol and prescription drugs. Epidemiologist

R. T. Ravenholt, director of the World Health Surveys, Inc., claims that nearly one-third of all deaths in the U.S. are caused by addicting substances, with alcohol accounting for 5%, illegal drugs accounting for about 2% and tobacco accounting for over 25%.

Indeed, the most recent epidemiological models estimate that cigarette smoking is the direct cause of 485,000 deaths annually (1,300 per day). Times of highest risk for initiating smoking according to a Louisiana State University Medical Center study are junior high school for males and senior high school for females. In his research on problem behavior, Richard Jessor found that cigarette smoking, alcohol use, marijuana use and engaging in sexual intercourse by young adolescents were highly correlated and predictive. Initiation and participation in any one could predict onset and intensity of participation in the others. In other words, we cannot address "drug abuse" without including the legal and aggressively promoted drugs alcohol and nicotine.

In order to develop curricula, it is necessary to understand why youth initiate drug use. The theories tie drug abuse to several factors.

1. Those who are most likely to abuse drugs are deficient in some ways. They have poor coping skills, are poor problem solvers and decision makers, do not communicate well and are non-assertive. Most importantly, they have a low level of self-esteem.

2. Those who are most likely to abuse drugs have different values. They value friends over family. They value the thrill of risking over safety. They value independence over conventionality. They do not value school achievement highly.
3. Those who are most likely to abuse drugs are under high level stress and do not have the wherewithal to alleviate it in constructive ways. Prime members of this group are children of alcoholics and those with poor school achievement.
4. Regardless of the reasons for initiation of drug use, a certain percentage of users will become addicted due to a genetic predisposition.

Study of the causes of drug abuse leads to several conclusions pertinent to drug education. "Risk" does not develop in the late teens. Risk is already high for early teens. Therefore, initiating drug education at the secondary level is too little, too late. It should be initiated in kindergarten (some would argue for pre-school) and continue through to 12th grade. Drug education is much more than providing drug information. It must entail methods and strategies designed to foster and develop skills in specific areas. Drug education must address both the cognitive domain and the affective domain. It cannot only deal with knowledge. It must also deal with attitudes, values and, most importantly, self-esteem. Drug use provides "payoffs". Drug education programs should provide constructive alternatives which provide similar rewards.

In the early elementary grades, drug education within the context of health education should focus on developing health as a value, knowledge of and respect for one's body as unique and special and in need of care, and an appreciation of self as competent, loving and loveable. Drug knowledge should be primarily related to appreciation of medications as a health enhancing force if used correctly with introduction of the disease concept of alcoholism and the health risks of smoking. Specific skills should include prevention of accidental poisoning, prevention of abuse, strategies for identifying and alleviating tension and constructively expressing emotions.

Health education in upper elementary and junior high should include drug education components which are much more specific. Lessons should be included to reinforce those of early elementary especially in the areas of self-esteem and personal regard, both mental and physical. Drug information should be introduced with a focus on tobacco, alcohol and marijuana. Specific skills should be taught in areas such as problem solving, decision making, interpersonal communication, assertiveness, stress management and recognition of strategies used to market drugs, especially alcohol, tobacco and over-the-counter medications. The aim should be to facilitate personal decision making related to drug use and to instill the specific skills needed to resist pressure to use and abuse drugs.

At the senior high level, drug education should be integrated into all areas of health education as appropriate. Again, themes from elementary and junior high programs should be reinforced. In my thinking, though, drug abuse should be addressed in the context of its affect on quality of life and wellness. How can drug abuse affect achievement? What are the ramifications of a DWI arrest or accident? How does parental smoking affect infants? What are the penalties for drug trafficing? Senior high students are moving into the adult world and need to understand that their risks change because, as adults, they assume a greater level of culpability. Again, emphasis should be on making decisions about responsible use of drugs and choosing constructive alternatives to drug abuse which will enhance the quality of life instead of increasing the risk of severe problems.

The ideal school based drug abuse prevention program encompasses far more than formal drug education in the classroom. It includes many facets of the total curriculum. It should make provision for high risk individuals.

Two other aspects of school health are the school environment and school health services. The school environment encompasses the obvious physical environment but also includes the mental health environment. Self-concept is literally a reflection of how others view us. Teachers and administrators should treat students with respect and empathy and provide many opportunities for success.

Nothing destroys self-esteem more than sarcasm, insults, indifference and continuous failure.

To school health services should be added specific education and early intervention programs for high risk children. A student assistance program (SAP) model patterned after employee assistance programs (EAP) has been developed. SAP's should be implemented beginning at the elementary level to especially help children of alcoholics.

As with the general population, the teacher population includes individuals troubled by stress, cigarette smoking and/or addiction, making them less effective or ineffective professionals. In all the discussion of teacher effectiveness, these factors are seldom considered. Yet, there is substantial evidence to show that teachers with higher levels of wellness are more effective. Teachers, too, are in need of EAP's and employee wellness programs. Both students and teachers are in need of smoking cessation programs.

Health education should be integrated with other subject areas. Drug issues can be addressed, for instance, in social studies classes. Excellent literature for children and youth dealing with drug abuse and related topics has been written and can be used in English classes. Risks of drug use while operating power tools can be addressed in technology classes. This kind of integration can and should take place.

Schools do provide alternatives to drug use through co-curricular activities such as athletics, drama, and pre-professional and service clubs but these are mainly senior high programs which do not involve a high percentage of students. Schools can offer enrichment programs after school and during breaks which appeal to broader interests. This is especially needed for junior high level students.

Finally, the "ideal" curriculum must be supported by the community. Health education cannot take place in a vacuum where students are taught one thing in the classroom and another in the community. In many communities Chemical People Taskforces have formed with this intent. Two important aspects of such efforts are working with schools in providing drug education and working with merchants, tavern owners, local police and parents to limit access to alcohol and other drugs. For drug education to be effective, communities and families must portray responsible attitudes toward drug use.

So far I have discussed the basis for drug education, components of drug education curricula and the "ideal" drug abuse prevention program. Despite the apparent logic in this approach, there are many barriers to drug education. Many of them eminate from within the "education establishment."

The 1982 National Center of Education Statistics study, "Discipline, Order and Student Behavior in American High Schools," found drug and alcohol abuse to be one of the two top discipline problems, yet, in all save the Carnagie Foundation report, "High School: A Report on Secondary Education in America," every major recent study of education ignored health education. Clifford Adelman, a member of the panel which produced the U.S. Department of Education "A Nation At Risk" report, labeled health education as a "personal service course" and described such courses as a "vague area of mediocrity" and a "wasteland" in an April, 1983 article in Education Week. The recent New York State Regents Action Plan all but ignored health education and subsequent developments have proved negative. For instance, regulations have been distributed which would allow elimination of the required ½ unit of health education at junior high. To many who favor more emphasis on reading, writing, mathematics and science, there is no place for health or drug education.

Others oppose drug education for yet another reason. They are against instruction which deals with the affective domain. In 1982, a number of curricula were eliminated from the U.S. Department of Education's National Diffusion Network. Several effective drug education programs were among them. According to Assistant Secretary Donald Senese they were "not in the best interest of the federal government" because the programs fostered affective rather than cognitive skills. Acting director of the National Institute of Education, Robert W. Sweet, Jr. is quoted as stating, "... I know that time-on-task in schools has been eroded by time spent on teaching self-esteem and dealing with values. Parents aren't getting their money's worth." However, we know that drug education cannot be effective unless it addresses the affective domain and self-esteem is probably the most important component of prevention. Why are such programs not in the best interest of the federal government?

The 1984 Rand Corporation report, Strategies for Controlling Adolescent Drug Use, concluded that "future efforts against adolescent drug use should give greater emphasis to prevention" and discussed the advantages and disadvantages of various school based models. This finding was most encouraging because it could help to channel more resources into development and implementation of new curricula.

Caution must be exercised, however, so that two potential eventualities do not occur. Schools cannot be given the responsibility only to have needed resources withheld or given and then later withdrawn and schools must not be made the single social institution responsible for prevention of adolescent drug abuse.

Past funding of drug education has been inconsistent. In the early '70's New York had a network of curriculum coordinators with responsibility for health education. During the budget crunch of the mid-'70's, the positions were eliminated. The Regents developed an action plan to combat drug abuse in 1979. It was never implemented due to lack of funds. The New York State Education Department cannot find $50,000 to print much needed copies of its excellent drug education curriculum.

There are a number of drug education curricula available which can be effective in influencing adolescent drug abuse. Some deal with specific drugs, some are more general and others are embedded in comprehensive health education programs. To be effective, they must be used. To be used, funds must be available to buy instructional materials and to train teachers. Drug education must begin at the elementary level but few elementary teachers have training in health and drug education and must receive specialized inservice training in a specific instructional package.

Schools have been directed to solve many social ills in the past but have not been given the social support to do so. Adolescent drug abuse is not caused by adolescents or by schools. They do not produce and market cigarettes and alcohol. They do not grow or import marijuana. They do not produce cocaine. Adults do these things. If adult society wishes to use schools to deal with adolescent drug abuse, then other adult institutions including government, medicine, religion and the family must accept the major share of the responsibility. Until these institutions are willing to accept the political and economic costs, the problem will prove unsolvable.

I have been involved with drug education for a number of years. I remember reading the report of the 1970 Senate hearings on adolescent drug abuse. Hearings were held but resulting programs were short lived. Adolescent drug use today is subsiding but it is still much more widespread and troubling than it was in 1970. Nevertheless, there now is a difference. Some people are now willing to step forward, organize and take action at the grassroots level. A prime example is the influence groups such as MADD and CADD have had in stiffening DWI laws and raising the drinking age. The prevailing attitude toward alcohol and other drug abuse is becoming more conservative and responsible. We are seeing some real successes which, I believe, are related to this changed attitude. Alcohol related adolescent traffic deaths have significantly decreased as has the rate of initiation of cigarette smoking.

Senator D'Amato, I hope that your efforts and those of the First Lady, Nancy Reagan, will continue to be aimed toward the goal of reduction of adolescent drug abuse. It will take a sustained combination of efforts, foremost of which is primary prevention through education over time, to do so. Those working at the grass-roots level need and appreciate your support.

Senator D'AMATO. Is there anything else that anybody would like to add? We will have some questions that maybe you will be in a position to respond to.

Your testimony will be placed on the record as if read and given in its entirety. I thank you for your time and your interest in the alcohol problem and particularly as it relates to the students' own survey, so to speak, a review of what they considered to be heavy use, 29 percent.

We are deeply appreciative, and we hope that your testimony will help fill the committee's mandate to attempt to get an overview of the problem of drug and alcohol abuse in our Nation and the price we are paying for it.

I have to share with you, also, the sense of, although the utilization of angel dust and other drugs on certain campuses may not be as widespread as it was during a particular period of time, that in the general youthful population, we still find a disproportionate number of young people using angel dust and, of course, a greater use of cocaine, as you have indicated, than we have seen before.

The combination of all the use of drugs with alcohol has given us, I think, a deadly mixture, a time bomb which is ticking away and trapping more young people; and maybe it will take a national crisis to wake us up.

Ms. KOENIG. I would isolate from the general young population, college students. They, after all, do not comprise the total population of 18 to 25, and I refer specifically to that group not necessarily being typical of others.

Senator D'AMATO. Thank you very much. This subcommittee stands in recess until tomorrow.

[Whereupon, the subcommittee recessed, to reconvene at 9:30 a.m., Thursday, August 8, 1985.]

# THE COST TO THE U.S. ECONOMY OF DRUG ABUSE

---

## THURSDAY, AUGUST 8, 1985

Congress of the United States, Subcommittee on Economic Goals and Intergovernmental Policy of the Joint Economic Committee,

*Washington, DC.*

The subcommittee met, pursuant to recess, at 9:30 a.m., in the Pirnie Federal Building, Utica, NY, Hon. Alfonse M. D'Amato (member of the subcommittee) presiding.

Present: Senator D'Amato and Representative Boehlert.

### OPENING STATEMENT OF SENATOR D'AMATO, PRESIDING

Senator D'Amato. The Joint Economic Committee hearings on the cost of drug abuse to the American economy. This is our third hearing. Particularly, in this part, we are going to be looking at the cost of the criminal justice system. I am delighted today to be joined by Congressman Boehlert, who is in the congressional district we're in.

When you think of the billions of dollars wasted on heroin, cocaine and other drugs and the value of the cash and property lost by victims of drug addicts, this cost is now approximately $200 billion a year, and it's growing. Monday in Rochester, we looked at the damage done to the American productivity by drugs in the workplace. A conservative estimate puts this at some $98 billion. The more than $28 million in drug-related crimes against American businesses, and that does not take into account all of the crimes. Yesterday in Syracuse, we focused on the billions of dollars in health costs of $37 billion due to illnesses caused by drug and alcohol abuse and the impact this epidemic has on our schools and universities. Today in Utica, we turn to the link between drug abuse and crime. Accordingly, a study on this subject, alcohol and drug abuse in 1983, were responsible for more than $26 billion of crime-related costs, including injuries to victims and the cost of the incarceration. We are also here to examine the many other losses we suffer to which no price can be attached: the loss of life and domestic tranquility directly caused by drug addiction and crime, the fear that people live in, afraid of being in their homes because of drug-related crime.

Here in Utica, there are problems as well, maybe not as great as in certain other large urban areas, but let's not let the code of silence, so to speak, or denial elude us into thinking that we don't have a problem, because in all of our communities throughout this

Nation, we face a serious problem. I am joining the battle for survival, and I don't believe that we're winning that battle. And I think that we can do more.

I'm pleased that this administration, for the first time, has taken the kind of approach, comprehensively, in the law enforcement area that promises some help in interdicting the drug flow that comes into this country. That we'll now be using the United States Navy, we'll have 100 five-member teams of Coast Guard personnel authorized to ride our battleships and our battlewagons out to interdict the drug runners.

I'm pleased that we'll be using part of our Air Force in this battle. I am pleased that in our supplemental budget, we increased the funding for the fight on drug addiction by some 30 percent, and the Attorney General has allocated increased resources with respect to FBI drug enforcement agencies, additional prosecutors just in the area of law enforcement. But I also believe that we cannot win this battle in terms of the drug problems by law enforcement alone. That there must be a three-pronged attack, and that's why Congressman Boehlert and I are responding. The comprehensive Drug Law Enforcement, Prevention and Treatment Act, the bill that we'll use, the proceeds that we seize from the drug force in the years to come, we anticipate seizing up to a billion dollars a year, fiscal year 1986. It's estimated that we'll seize about $360 million. We'll use one-third of those funds for increased law enforcement efforts, one-third of those funds that we seize and appropriately. The funds that we seize from the drug czars, we'll use for the battle against them, one-third for education in our classrooms and in other areas and one-third for rehabilitation. So I hope that as we hold these hearings, we'll be able to listen to experts. We're getting a more comprehensive view of the problem aroused, that is, to arouse the American public, to arouse the Congress to undertake the kind of legislative initiatives and initiatives at every level so that we can say that's the only statistic that is going down is not just the age of the drug abuser and user but the fact that we are beginning to turn the tide in this deadly battle.

I'd like to, before we ask our first panel of witnesses to start, ask our Congressman if he would like to make an opening statement and again thank him for taking the time out to participate in this hearing.

## OPENING STATEMENT OF REPRESENTATIVE BOEHLERT

Representative **Boehlert**. Thank you, Senator. Generally, public speakers are told to begin their talks with a little joke to break the ice. But I'm going to avoid that temptation today because the subject we're dealing with is no joking matter. Alcohol and drug abuse is a serious problem in America today. And I would like to commend Senator D'Amato for the leadership he has demonstrated, not just in New York, not just Washington, but on an international scale to deal with this very serious problem.

You know, I've lived and worked around this wonderful area all my life, and I know there is a tendency to think that drug and alcohol abuse is a problem only in the south Bronx or only in the inner cities of Miami, Houston. Unfortunately, that's not true. As we will hear from our witnesses today, outstanding people who serve in the trenches of the local battle against substance abuse, central New York is not immune to these problems.

For evidence of this, we need only to recall what law enforcement officials called "the largest drug bust ever in North America" happened right here in the town of Minden only a few months ago. Another bust of a cocaine factory in the town of Fly Creek took place a month ago. When small, decent towns like Minden and Fly Creek are used by organized drug-smuggling rings, it brings home the pervasiveness of the problem and tells us the time has come to get rid of these kinds of operations.

Mr. Chairman, I would like, with your permission, to have my entire statement included in the record, but let me just conclude by saying that I want to commend you for once again coming to Utica to deal with our people on a problem of major proportions and for the leadership you are demonstrating in the Congress of the United States in coming to grips with this very serious problem.

Senator D'AMATO. Thank you, Congressman. Congressman, a quick statement will be entered into the record as read in its entirety or for all of the witnesses, if you care to summarize, we'll take your written prepared statement and enter them into the record as read in their entirety for anyone who wants to.

[The written opening statement of Representative Boehlert follows:]

## WRITTEN OPENING STATEMENT OF REPRESENTATIVE BOEHLERT

Thank you, Senator. Generally, public speakers are told to begin their talks with a short joke to break the ice, but the subject of alcohol and drug abuse in America is no joke. It's a tragedy, and thanks to public discussions like this one, our awareness of the magnitude of the problem is growing.

I want to congratulate my friend Al D'Amato for arranging these hearings - there were hearings in Rochester on Tuesday, and in Syracuse yesterday - and I want to thank him for this third hearing in Utica, which will focus on the costs of drug and alcohol abuse to our criminal justice system.

You know, I've lived and worked around this wonderful area all my life and it would be so easy to say "drug abuse is something that only happens in bigger cities." Unfortunately, that isn't true. As we will hear from our witnesses today, outstanding people who serve in the trenches of the local battle against substance abuse, Central New York is not immune to these problems.

For evidence of this, we need only to recall that what law enforcement officials called "the largest drug bust ever in North America" happened right here in the Town of Minden only a few months ago. Another bust of a cocaine factory in the Town of Fly Creek took place a month ago. When small, decent towns like Minden and Fly Creek are used by organized drug smuggling rings, it brings home the pervasiveness of the problem, and tells us the time has come to get rid of these kinds of operations.

Senator D'Amato mentioned the billions of dollars lost in accidents and damage done to property; the theft, vandalism, and violent crime committed in every town and city; the waste of medical resources on drug-related illness and tragedies; the problems of drug trafficking and discipline problems in our shcools. Certainly this is a crazy road to be headed down, and back in Washington I intend to support Senator D'Amato's efforts to enact a Comprehensive Drug Law Enforcement, Prevention and Treatment Act. We need a comprehensive approach if we are ever going to stem the overwhelming tide of drug abuse that plagues America.

To our witnesses today, I would like to commend you for your courage and your tireless efforts which benefit all of us. You certainly deserve increased attention to the costs incurred by your organizations, but I should add I would like to see increased efforts at educating our children and citizens to the dangers of drug use, stopping the problem at its true source; ignorance.

Thank you again, Al, for undertaking these very worthwhile hearings.

Senator D'AMATO. Our first panel, we have Frederick Scullin, our U.S. Attorney in the northern district. Let me say for the record here that our U.S. Attorney has done an absolutely outstanding job and, particularly in this area of this battle against the drug network, organized crime in this area, and we are pleased he is with us. Mr. Steven S. Schlesinger, Director of the Bureau of Justice Statistics, U.S. Department of Justice, and we're delighted he has come up from Washington. And associated with the testimony here today and our senior judge, Judge John Buckley, Legislative Chairman of the New York State County Judges' Association, Judge Buckley is the Senior Judge of Oneida County and a person very much involved in this area with the battle against drugs, and we are delighted to have you. Why don't we start with Mr. Scullin.

## STATEMENT OF FREDERICK SCULLIN, U.S. ATTORNEY, NORTHERN DISTRICT OF NEW YORK

Mr. SCULLIN. Thank you, Senator D'Amato, Congressman Boehlert.

With your permission, I would like to make a few brief remarks myself, and then Mr. Schlesinger from the Department of Justice where he can give you more in depth statistics dealing with this problem.

As the United States Attorney for the northern district of New York and the chief Federal law enforcement officer for this district, my primary concern is and has been the area of enforcing the Federal laws dealing with the distribution of illegal drugs.

As you are aware, my office is responsible for handling all litigation in those civil and criminal matters for the U.S. Government in this district. While at one time the workload was compromising 50 percent civil and 50 percent criminal, I would estimate now that 75 percent of all our time and efforts are spent on criminal matters, and of that, I would estimate over 50 percent of those criminal matters deals with the investigation and the prosecution of drug trafficking.

Now, drug trafficking in the northern district of New York has evolved in recent years from street level—dealing in ounces of cocaine or hashish and to some degree, some small amounts of heroin—to what we see today as literally tons of manufactured cocaine, tons of marijuana and hashish and pounds of some 90 percent pure heroin.

We have, in recent years, taken great strides in law enforcement. We have had such worthwhile efforts as Organized Crime Drug Enforcement Task Force which has been in affect for approximately 2½ or 3 years in the district and combines the assets and resources of the Federal and State agencies in investigating and prosecuting drug trafficking. We have additional assets that we have acquired in recent years and, in many, drug dealings through the efforts of Senator D'Amato and the additional customs' people. We have additional DEA people. We have additional FBI people. We have as well various tools used in the investigation of drug trafficking. We have these additional assets, and we've developed many worthwhile cases. In recent months, for example, we have uncovered two large cocaine manufacturing laboratories in upstate New York, in the northern district of New York. One of these labs is the largest cocaine laboratory discovered to date in the continental United States, and the other one isn't much behind that. We have also developed a number of large scale international drug trafficking investigations which have identified organizations such as the Hell's Angels who we have originally indicted, such as what we call the Black Label operation, which is, the Dutch operation which is involved with the trafficking in hashish and has been identified by the DEA as being the largest hashish distribution network ever to hit the United States.

These are some of the ways in recent months and years as its resources have been developed we acquire to develop those cases. However, the demand for these drugs remains. Drug trafficking is on the increase.

Experience has shown us that in spite of our successful efforts in identifying and prosecuting drug traffickers, the illicit trafficking in drugs continues to be the major law enforcement concern of virtually every community in the United States. The DEA estimates that in 1982, 45 to 70 tons of cocaine sold in the United States. In 1984, after all these efforts and law enforcement tools were brought to bear in 1984, 75 to 95 tons of cocaine were sold in the United States. That's almost a 50 percent increase.

It is my view and that of the Department of Justice now, that to effectively deal with this insidious problem, we must attempt new approaches. In addition to aggressive prosecution and investigation of those involved in drug trafficking, it is now the direction of the Attorney General and it is our intention to take a more active role in areas of drug abuse prevention in hopes of removing the demand that creates the illegal trafficking.

Recently, I have been named to a panel of a subcommittee, one of eight U. S. attorneys in the country for the Attorney General, and this subcommittee is entitled, "The Subcommittee on Drug Abuse Prevention." The purpose of this committee is to develop ideas and develop methods and means of dealing with the education and awareness and the various programs which can be helpful in removing the demand for drugs in our community. We have begun in district meetings with the public and private agencies and those agencies already involved in established programs so as to learn from them and work with them. We hope to take a leadership role in assisting these agencies in areas of coordination, education and public awareness. We have, for example, planned LECC meetings—Law Enforcement Coordination Committee meetings. The Senator is well aware of the purpose of these meetings and what is done as far as law enforcement and bringing together law enforcement agencies to attack various law enforcement problems. We feel that it's going to be a proper vehicle for bringing together those agencies dealing with drug abuse prevention for the same purpose. I think, by bringing together of community agencies, schools and government agencies, they can share resources and stimulate the beginning of an ongoing support types of programs. It can only enhance the community efforts which are now being presently brought to bear.

In education, we are hopeful that we will be able to develop programs to educate and train these people in the community, such as your health professionals, teachers, coaches, counselors, youth workers and even probation departments on the abuse and prevention and treatment.

Public awareness, we have already initiated speakers programs. Don't forget, various Federal agents and prosecutors out to the schools to prepare parent organizations to other community groups to talk about what we see will be the drug problem and the need for an awareness and education. And once again, we do not intend to lessen our efforts in the investigation of prosecuting of drug traffickers. We intend to continue to do so aggressively. However, we do believe, based upon this experience, that the problem must be attacked on two fronts: law enforcement and prevention.

If I may, I would like now to introduce Steve Schlesinger who is the director for the U.S. Department of Justice's Bureau of Justice Statistics. Mr. Schlesinger was appointed by the President in April 1983, where he acted as Chairman and, before that, the Associate Chairman. Also, Associate Professor in the Department of Politics at the Capital University. He received a B.A. cum laude from Cornell, both an M.A. and Ph.D from Claremont Graduate School. He has numerous articles and books that he has written. He is an adjunct in the public interest and the United States Senate Committee, Judiciary Subcommittee on the Constitution. Mr. Schlesinger, please proceed.

## STATEMENT OF STEVEN R. SCHLESINGER, DIRECTOR, BUREAU OF JUSTICE STATISTICS, DEPARTMENT OF JUSTICE

Mr. SCHLESINGER. Thank you very much. Senator D'Amato, I am delighted to join you today in discussing a topic of concern to all Americans: illegal drug abuse and trafficking and other crimes associated with them. Sitting to my right is the very able Associate Deputy Director of Bureau of Justice, Sue A. Lindgren, who assisted me in the preparation of my remarks. I want to add one personal note. I am particularly delighted to be here in Utica because I was raised and went to college in Ithaca.

Senator D'AMATO. Is that right? Well, it's good to have you back. We have to bring that part of the biographical history more to the fore.

Mr. SCHLESINGER. Last year, the Bureau of Justice Statistics released data from our national survey of crime severity, in which a representative national sample of persons was asked to rank the seriousness of 204 criminal events. The results of that survey demonstrate that the American public views drug trafficking very seriously.

Running a narcotics ring is ranked 10th out of 204 crimes, higher than skyjacking, a rape requiring hospitalization, intentional shooting of a victim, and many other serious violent crimes.

Selling heroin to another person resale ranks 28th, and smuggling heroin into the country ranks 32nd, both of these higher than a husband beating his wife so that she requires hospitalization, a knife stabbing, a bank robbery of $100,000 and an armed robbery of a small amount of money in which the victim is wounded and hospitalized.

Each of the six drug trafficking items on the survey ranked in the top 50 percent of the seriousness scale. The lower ranking items included trafficking in illegal barbituates and marijuana.

Interestingly, the American public does not view the use of illegal drugs nearly as seriously. For example, heroin use, perceived by our survey respondents as the most serious form of drug use, ranks 128th out of 204, and marijuana use, considered the least serious form of drug use, is down the list at 188. Heroin use does rank around what would be traumatic situations for the victim, such as being robbed of $10 by an unarmed perpetrator who threatens bodily harm and an aggravated assault. Marijuana use or possession for personal use, however, ranks around disturbing the peace in a neighborhood and betting on the numbers.

I can think of two reasons why the public might rank the use of illegal drugs so low. First, survey respondents were asked to rank the use itself; there was no mention of the consequences to anyone other than the user. (In fact, the items referred to use, not abuse or addiction, which the public may perceive more seriously.) Second, perhaps the public is unaware of the cost to our society of drug abuse.

According to data developed by the Research Triangle Institute for the Alcohol, Drug Abuse, and Mental Health Administration, the economic cost to society of drug abuse is staggering. RTI estimated that drug abuse cost us approximately $46.9 billion in 1980. Taking into account factors such as inflation and changes in the population, that study projected the cost for 1983 at approximately $59.7 billion. One-half of the total cost is due to lost productivity on the part of the drug users. One-third of the total cost is crime related including the cost to the criminal justice system and the private security industry attributable to drug-related crimes, property damage by drug users, criminal careers by addicts and lost employment of crime victims.

There are other economic impacts of drug abuse that are not included in the above estimates, but which RTI separately estimates. I would like to mention a few of these:

The value of cash and property lost by victims of drug addicts. The RTI study estimates that $1.5 billion was lost to personal and household victims of robberies, burglaries, larcenies, and motor vehicle thefts. There is no way to estimate the losses to victims due to forgery, fraud, and other crimes where there are no national estimates of the total volume of such crimes.

Social welfare expenditures due to drug abuse, estimated at $115 million—disability payments, unemployment compensation, workers compensation, public assistance, food stamps.

Health care services and drug abuse treatment programs, estimated at $1 billion.

Medicare reimbursements, estimated at $100 million.

The amount of money spent in this country for the purchase of illegal drugs. The DEA no longer estimates this figure, although at the time it stopped making such estimates the figures were in the tens of billions of dollars.

While the overall cost figures are staggering, even more chilling to me is the human cost to society in the form of criminal events and the victims they leave in their wake. Recent studies on the subject are linking drug use to the commission of what to me is an incredible amount of crime.

For example, the National Institute of Drug Abuse sponsored a study of 243 opiate addicts in Baltimore. That study found that, over the period of time since their first opiate use—an average of 11 years after excluding time when they were institutionalized—these 243 addicts collectively spent close to one-half million days in which they committed at least one crime other than the illegal use or possession of drugs.

Senator D'AMATO. I think that it might bear some representation because I alluded to that study. What they're saying is that in that 11-year period of time, 243 addicts committed over one-half million crimes. Is that right?

Mr. SCHLESINGER. That's right.

Senator D'AMATO. 243 people committed 500,000 crimes. We're talking about a walking crime machine because that person lives for one purpose and one purpose only, that is, enough money to supply him or herself with those drugs and nothing else matters.

Mr. SCHLESINGER. That's exactly correct.

On average, each addict accounted for 179 days per year spent in crime; 10 percent of these addicts were engaged in crime virtually every day of their lives since becoming addicted, and two-thirds committed crime 100 to 365 days per year. Note that these figures are for periods of time when the addicts were not institutionalized.

Over the course of the study, these men were not consistently addicted: they were off regular opiate use about one-third of their time on the street—that is to say, when they were not in a jail, a prison, or a mental institution. When addicted and on the street, these addicts displayed much greater criminality than when they were abstaining from drugs: when addicted, they engaged in crime an average of 248 days per year, compared to 41 days per year when abstaining. This represents a striking 84-percent decrease in their crime rate.

Other studies found similar high rates of crime among opiate addicts. One small study found that 26 addicts were responsible for 22 major crimes per day. A larger study in Miami found that 239 active male heroin users were responsible for over 80,000 crimes during a 12-month period or nearly 340 crimes a year per addict. A study of Federal offenders found that those who use drugs—particularly those who use heroin—tend to have worse criminal records than other Federal offenders and that they commit subsequent crimes, both drug and nondrug, at a higher rate than Federal offenders who do not use illegal drugs.

Our Bureau of Justice Statistics prisoner surveys also confirm heavy drug use by criminals. In 1979, the most recent year for which these data are available, one-third of all State prisoners reported they were under the influence of an illegal drug at the time they committed the crime for which they were incarcerated. More than half had taken drugs during the month just prior to the offense. More than three-fourths had used drugs at some point in their lives. Yet, only one-fourth of the drug users reported that they had ever been in a drug treatment program.

The prisoners in our survey have much more extensive drug histories than the general public: 30 percent had used heroin at some time, compared to 2 percent of the general public; 37 percent had used cocaine, compared to 14 percent of the public; 37 percent had used amphetamines, compared to 9 percent of the public; 35 percent had used barbiturates, compared to 6 percent of the public; 30 percent had used hallucinogens, compared to 13 percent of the public; and 75 percent had used marijuana, compared to 39 percent of the public.

Our studies then demonstrate an unmistakable connection between drug use and crime. Whether this is because drug users commit crime to support their habits or whether drug usage loosens individual control over antisocial tendencies is not yet clear. But we do know that drug use was twice as high for those prisoners who reported that they had illegal income as opposed to those who had only legal income. Moreover, looking at drug use by the type of offense committed, we found that:

Among the various types of offenders, those incarcerated for a drug offense were most likely to have used drugs illicitly. These offenders were incarcerated mainly for trafficking rather than use or possession; 9 out of 10 of those imprisoned for drug offenses had used drugs at some time in their life, 3 out of 4 within the month previous to their offense, and 2 out of 5 at the time of the offense.

Drug use was next highest among robbers and burglars. More than four out of five robbers and burglars had used drugs at some time in their life, two out of three within the month prior to the offense, and two out of five at the time of the offense.

Murderers and rapists had lower, but still considerable, drug-use rates; two-thirds had used drugs at some time in their life, two-fifths within the previous month, and one-fifth were under the influence of a drug at the time of the crime.

Drug use and careers in crime appear to be related. The more convictions inmates had on their records, the more likely they were to have taken drugs in the month prior to committing the crime for which they were incarcerated. Three-fifths of the inmates with five or more prior convictions had used drugs in the prior month, compared with two-fifths of those with no prior convictions. This pattern is particularly marked for heroin users: the proportion of inmates with five or more prior convictions who had used heroin in the previous month was three times higher than those with no prior convictions.

These are not the only studies coming to these conclusions. In February of this year, the National Institute of Justice published a research brief summarizing the results of recent research on the topic, with similar findings.

Even though these studies refer only to specialized population groups or selected cities or other small geographic areas, and thus are clearly not representative of all drug users, they are beginning to develop into a body of knowledge confirming that the commission of crime and drug use are strongly linked.

What happens to drug offenders when they are brought before the criminal justice system? In 18 large local jurisdictions, offenders convicted of drug trafficking, including possession with intent to distribute, received prison sentences 23 percent of the time; 6 percent were sentenced to jail only, 35 percent to jail and probation, and 35 percent to probation only. The average sentence length of those sentenced to prison was 4.2 years. A different study found that the average length of sentence served by drug traffickers in State prisons was 11 months.

So what do we do about illegal drug usage and the crime associated with it? One strategy that is being pursued by various States is to increase the penalties associated with drug law violations. As of January 1983, 29 States and the District of Columbia had drug laws with mandatory imprisonment provisions. Most of these had been recently enacted. A third strategy that I was asked to present data on today is treating drug users.

In 1982, there were 3,019 drug treatment centers nationally, with a total treatment capacity of close to 200,000 persons and funding totaling about one-half billion dollars. This compares with a total corrections expenditure in that year of about $9 billion. These data do not provide a complete estimate of the national cost of drug treatment of offenders because we don't know what proportion of the corrections expenditure is for drug treatment, and many of the drug and alcohol treatment programs are outside of the criminal justice system. In fact, data for 1981 indicate that of the 250,000 persons admitted to federally funded drug treatment programs, one-half had no arrests in the previous 24 months and three-quarters were voluntary admissions. The remaining one-quarter were admitted on probation, parole, or as a part of the Treatment Alternatives to Street Crime Program.

There are no national estimates of how much it costs to treat successfully one drug user, either on a residential or outpatient basis. It is even difficult to determine how much it would cost to treat those who are already incarcerated and are in need of treatment. The total cost of State prison incarceration ranged in 1983 from about $7,000 in Texas to $36,493 in Alaska, with an average across correctional agencies of $16,000.

I hope that the information I have provided you today will be useful in your deliberations.

I am very much appreciative of the opportunity, Senator D'Amato, to appear before you today. Thank you.

Senator D'Amato. Let me thank you and the Justice Department for your fine work. I think it's very illuminating. I would hope that people would begin to look at the consequences of the use of drugs. I am wondering, and I'm going to get into some of the questions later with you. Why don't we talk to Judge Buckley first, and then I think the Congressman has some questions.

Judge, it's good to see you.

## STATEMENT OF JOHN T. BUCKLEY, SENIOR JUDGE, ONEIDA COUNTY, NY, AND LEGISLATIVE CHAIRMAN, NEW YORK STATE COUNTY JUDGES' ASSOCIATION

Judge Buckley. It's good to see you, Senator. I'm sorry that I got here late and missed your press conference. I started court at 8:30, and I thought I would be here by 9:30, but matters kept coming into court that required my attention.

I want to thank you for holding these hearings on drug abuse throughout New York State, on behalf of the New York State County Judges' Association and particularly, to thank you for your concern for the proper administration of justice, toward achieving justice, perhaps an unparalleled concern of members of the U.S. Senate from New York. I also, before talking to the specific subject, want to thank you on behalf of the county judges for your concern for proper, appropriate sentences, "to find the punishment to fit the crime," in the words of Gilbert and Sullivan.

The county judges handled 90 percent of the criminal cases outside of New York City, and so sentencing is more of an important responsibility, and we agree with your position that it is the responsibility of the court to do their duty to protect society and to sentence appropriately on a case-by-case basis. I believe there is no sentence under proper problems in upstate Westchester—Nassau, Suffolk—speaking in terms of New York State, and one of the reasons is because we can provide timely, speedy, appropriate trials, so we are not forced to give sentences that are not justified.

My understanding is that about 90 percent of the narcotics prosecutions is in State court because most of the State laws are the laws, which I believe, are violated. I want to first tell you a little bit about Oneida County Court. We handle about 500 indictments a year, about 100 in Superior Court, informations. There are two judges. We have a caseload greater than, I think, any criminal court judges in the administrative district, and by the same token, our District Attorney Mr. Donalty—district attorneys have a greater caseload than any other prosecutors. I want to emphasize to you that I have no prosecutorial background. I have never been a prosecutor. I say this because I really—I have no axe to grind. My function is as all judges and is the proper and fair trial of criminal cases. I would estimate that well over 50 percent of the cases on our calendar over the past 6 years have involved either directly or indirectly substance—either alcohol or drugs—well over 50 percent, and it may be 75 percent. Whether it is a murder, an attempted murder, sexual abuse, or a burglary, it runs the gamut. You will find that alcohol and drugs are there.

Senator D'AMATO. Judge, at this point, maybe it would be an appropriate time for me to ask Mr. Schlesinger, that in these statistics compiled indicating, for example, that as many as 60 percent had use of drugs 1 month prior, 40 percent in other kinds of cases at the time, does that statistic include alcohol?

Mr. SCHLESINGER. No; it does not include alcohol. The Bureau of Justice Statistics did a separate study on alcohol, and I believe I can supply you our separate study on crime and alcohol, which reached striking conclusions on the relationship between crime and alcohol abuse.

Senator D'AMATO. What we have found through testimony and I want to tell you, I am just absolutely set back on my heels—when a Monroe County chief, chief deputy, and the Monroe County Sheriffs office chief detective said that 75 percent—they are recidivist. That means more than one time into the county prison—very serious drug and alcohol problems. Then yesterday at Syracuse, the county executive of the mental health people testified again, and this was—we had no idea what their testimony was going to be. The number they came up with was 75 percent in the county prison system had a serious drug and alcohol problem. Last evening, speaking to the county executive here—and I know we are going to have the sheriff testify—he said he figured about—and I don't think that the jurisdictions got together and made this up—about 75 percent would be the number for the problem in Oneida County. And I'll bet you that within a range of 5 to 10 percent, that nationwide, we would probably find the same kind of statistic. And what an opportunity for us to—maybe to focus in on this instead of have this recidivism continue, and we are not talking about the major dealers, et cetera. We are talking about people that are committing the crime that generally result in their share of serving 1 year or less—right—because 1 year and 1 day, you go to the State. But these are serious crimes: raping, burglaries, and other kinds of things that really diminish the quality of life, and the present problems, I was interested, because our numbers given from others in terms of how the alcohol was put in to the picture.

Let me give you a statistic that is just Earth shaking. General Motors: they did a 5-year study because productivity is an incredible kind of thing; 28 to 30 percent of their health costs are drug and alcohol related; 28 percent. What does that mean? That translates into a cost factor of $616 million a year for one company. General Motors—$616 million a year. And I think you can probably extrapolate that right out, right across the board, and you will find an incredible loss to this Nation. But I'd be interested if the alcohol figure—and let me ask you this. If you do have some numbers and if you don't have them, if you could get them and maybe undertake—and if you need a formal request of the committee, why, we'll do that formally. It seems to me that a study should be conducted that takes drugs and alcohol at the same time, because you'll find that there is so many of a certain percentage who have heavy alcohol dependencies that also have a drug dependency. And to get that total—the total study on that, we would be very appreciative if you do have information on that. And if you don't, if we can undertake a study in that connection.

Mr. SCHLESINGER. I believe, Senator, that we have data on the basis on which that could be done. I want to add, that your remarks, I think, are of great importance because there is a clear link, as I tried to talk about before, between drug use and careers in crime, recidivism. And some of the most shocking numbers that the Bureau of Justice statistics produce deal with recidivism. Overall recidivism is this Nation is somewhere in the neighborhood of 60 percent. It also turns out that all the recidivists are those with two or more prior felony convictions. It turns out that about 40 percent of them would not be in there had they served the maximum sentence the last time they were in. Those kinds of statistics about recidivists are quite revealing, and given the connection between drugs and careers in crime, I think we are really talking about, in many cases, one single problem, not a group of separated problems.

Senator D'AMATO. Very good.

Representative BOEHLERT. When the Senator brought out that startling statistic about General Motors and health care costs as a direct result of drug- and alcohol-related problems, there is a tendency for people to look at something like that and say, "Well, how does it really impact? I mean, that's a problem for GM, but it doesn't have an impact on me." But it does.

Chrysler revealed just last year that the price tag on an automobile they sell—more than $600 worth of the total price tag on every car is directly related to their health care costs for their employees, which are exacerbated by this problem. And then when you follow that through further and you look at the problem we're having with foreign competition and the Japanese is prevalent in our market to such a great extent. They have a lower health care cost per automobile sold than we do because they don't have the problem or the magnitude. So, really, nowhere as you have observed, many, many times, it really impacts on every single American.

Judge Buckley. An example of this, I have been performing a trial of a man who used Valium, used alcohol. An expert came and testified, a physician from Syracuse, of the addictive effect of Valium which can be obtained very cheaply. If one takes it steadily for 6 months, he will be addicted to it, and its effect is extremely magnified and causes the person who takes it to suddenly react, even in their own house, to turn upon own members of the family or react violently against someone else. I want to, Senator, tell you that in 1983, there were 46 indictments in Oneida County for drugs directly that have been disposed of. In 1984, 11 would have been disposed of. Some still not disposed of so far in 1985. In 1983, there was a combined effort starting with the city of Utica narcotics police squad, the district attorney's office—Mr. Donalty and his staff—the sheriff's people, the State police, the FBI, the drug enforcement agency; and a raid was made in Remsen, NY. And in that raid, in Remsen, there was seized one—I'm sorry—I think it was well over 22 pounds of cocaine, 92.7 percent pure, about $250,000 in cash buried. And as a result of that undercover operation, I think most of the 46 people came to court. Several were convicted of—one was convicted of an A-2 felony and just received 8⅓ to 25. Another one was convicted as a B felony. The person whose property at which was seized received a sentence of 20 to life. Another defendant pled to the AB felony. He had 1 kilo—2.2 pounds of cocaine—in his possession at the time. It was estimated that he turned over 1 kilo of cocaine every 2 to 3 weeks. He received a sentence of 6 years to life. This could not have happened without the great cooperation of all of the agencies. And undercover police officers, in my view, is in the area, in function in the area of maybe 6 months, maybe three-fourths of the year. And then if his cover is blown when he is asked to come into court and testify, then he is no good there. So he has to move on to other areas of the country, which is expensive in personal terms for him, for his family and for governmental terms. And it's something that requires Federal concern. Now, I think there is a good chance—I'm told there is a good chance that the one seized in this particular incident has been returned to the county. I agree with your bill 100 percent. I think it should be returned to the county to the DA's office and in law enforcement to be used specifically for drug——

Senator D'Amato. Under the crime control bill—and I'm certain that the U.S. attorney might pursue this with you—that there are areas in which the local operation has played a part and is responsible for seizure where these moneys or the proportion of them can, indeed, be returned to the local jurisdiction. And I know that we are having—where quite a large seizure was made in New York

City, and the special narcotics prosecutors had sought some of those moneys, again, to use them specifically in the battle against drugs. I would hope that the Justice Department is going to rule favorably in that application so there is a mechanism which is now in place to see to it that the return of these fund do go back to the local law enforcement efforts.

Judge BUCKLEY. As you know, one of the great problems with drug enforcement and prosecution, its a great profit and it's because they will get the pure cocaine or other things, and they will "step on it," as they say in the streets, and they will derive 100 percent profit from their investment in a matter of several weeks, and down the network it goes. And, of course, the undercover people have to go up the network and keep increasing their buys, but we need cover agents from the DEA and from the State police to work with our prosecutors, because our police are known and they can only achieve anything by turning known addicts, which is a very tough and difficult thing to do. But because of the great profit, the sentences should reflect the risks involved. They're in a high-risk business, and they're taking their chances. They're destroying people's lives. If they get caught, if they are convicted, they should be sentenced appropriately.

Senator D'AMATO. Thank you very much, Judge. I have one other question to ask. Let me ask our U.S. attorney.

Am I wrong in the perception, as the Congressman has outlined prior to the hearing and during the hearing, of an increased movement by not only organized crime within this country but the international crime source, drug source, in particular, of attempting to go expand their operation and their facilities into areas like the north country, the upstate more rural communities and their operation being the actual production of the cocaine, setting up laboratories and then more laboratories? Is that a growing phenomenom?

Mr. SCULLIN. I will say yes. We have seen as recently as 6 months now, I think it's been, since we first discovered the existence of a laboratory up here for making cocaine. Prior to that time, I don't think there has been anywhere in New York State that we have ever suspected manufacturing cocaine, and it indicates to us that there is a new thrust by the drug organizers to move the operations in those areas close to the markets, metropolitan areas where the markets are, because it's short of a mixed result of good law enforcement. Other areas have made it bring down the cost of manufacturing and manufacturing cocaine as well as some other drugs to the extent where it's not profitable or not as profitable, so they have to move it closer to the market area. Anyway, it's a good sign that we're doing something effectively down there, but it's driving more and more of these people into this upstate New York area.

Senator D'AMATO. Let me ask Mr. Schlesinger. Mr. Schlesinger, do you have any statistics which might indicate that the phenomenon that we've seen here and, basically, in more rural setting, the actual setting up of cocaine laboratories and the distribution centers and areas relatively free of this kind of enterprise? Is that a phenomenom that we have begun to see take place in other areas of the country?

Mr. SCHLESINGER. I don't believe that we have statistics covering that question.

Senator D'AMATO. Maybe if you could—and I don't know whether you can—conduct a survey with the U.S. attorneys. But if you could, would you attempt to propose that as a question and develop some kind of statistic, if they've seen an increased activity in the area of drugs in terms of setting up the actual manufacturing facilities, cocaine and others? I think they bring ether on, too; is that correct?

Mr. SCULLIN. That's correct.

Senator D'AMATO. Processing labs within their jurisdiction, has that increased?

Mr. SCHLESINGER. I'm thinking that this would be an appropriate question to put to the Executive Office, the U.S. attorneys for them to query, U.S. attorneys in various parts of the country to get an answer to that question.

Senator D'AMATO. If you could do that, we would be deeply appreciative. I think that might, again, to attempt to show the growing depth of this in an area, what's taking place nationwide. We need this, and I'm wondering if it's not probably taking place in other jurisdictions as well.

Mr. SCHLESINGER. We'd be happy to do that.

Senator D'AMATO. Thank you very much.

Congressmen, do you have any comments?

Representative BOEHLERT. Mr. Scullin, in Mr. Schlesinger's statement, he revealed something that I think falls under the heading of statistics. In his testimony, he points out that the American public does not view the use of illegal drugs very seriously because they tend to think, "It's an individual decision for a personal use." But, yet, that aids and abets the whole problem. I mean, that perpetuates the system. What is the solution to that particular problem? What can we do to make certain that the American public understands it's not just an individual decision by the person who is looking for a temporary moment of relief or a high, but it's something that is very serious and it eats away like a cancer at our society? Is education the answer?

Mr. SCULLIN. I think, Congressman, that's part of the answer, as I suggested. We're just getting into the area of drug abuse prevention now. The Department of Justice is. We're finding out that: What are the programs in this community that are working now? There are a number of experts around who dealt with this problem over the years and have treated people, have identified certain techniques that work, awareness and education and so forth. I think it's going to be a concerted effort on behalf of all of us in law enforcement and all public officials to start doing something with a great deal of precedence whatever we identify as being a good program, to push them forward and to put a lot of time and effort into it. I think we are going to have to spend a lot of time. My office is working with this problem area.

Representative BOEHLERT. One further thing. I had to take the task from some of my constituents as not being as parsimonious with the tax dollar. In other words, sometimes I have to. But I have resisted the effort to drastically cut the funds for the Department of Justice and for the FBI because I know in my heart that this is a very serious problem, and I wanted to do something to contribute to the solution of that problem. I think it's shortsighted on the part of the American system to deny you and your associates the resources you need to do an important job that your task is doing. However, can you honestly say that your operation has the manpower and resources needed to do the job we're charging you with doing? It's sort of a tough question, but——

Mr. SCULLIN. We never have enough resources, Congressman, as you know. And that's true, I think, in most law enforcement. With the drug problem, in particular, since we do have a new role now, not only the investigation prosecution awareness programs, prevention programs. It's going to put a great deal of strain on us. I can't tell you just at this point in time how bad it's going to be. It's a high price. With the attorney and with this administration, we are going to work at it.

Representative BOEHLERT. One last question to Judge Buckley. There is a tendency for people to say, with respect to first time offenders and in drug abuse cases, "Well, it's just the first time. The individual has a decent record, a fine upstanding citizen of the community. Therefore, maybe a slight tap on the wrist and wave good-bye and say, 'Don't do it anymore.' " I happen to think that the first time offenders in drug-abuse cases should be treated rather harshly to set an example. Hopefully, they won't be a second time offender. What's your general feeling on that, Judge?

Judge BUCKLEY. I think the present laws of the State has given appropriate advantages to do just that, depending on the amount that they're caught possessing or selling. They can commit an A-2 felony and go 20 years to life, even though there is no prior record. On the other hand, it's the responsibility of every judge to look at the individual's situation. If it's just a one-time thing: the age of the person, the background circumstances. I think where there is drugs involved is a different ball game. It's a different league and the type of drug, and I have been looking over the convictions here. There are 10 pounds of marijuana. That's an interesting quantity of that drug, although a little bit of the drug is not a serious crime. If you have the combination of—and let me say, most undercover police officers make a series of buys from someone so that as they try to prove this just wasn't an occasional sale or a social thing. This was a business. And if those facts are proven and are present, the person is a seller, and he should be treated as a seller. And if it's a great quantity, he should be treated as a big, big seller because he is.

Senator D'AMATO. Thank you.

Judge BUCKLEY. Thank you, Senator.

Senator D'AMATO. As the Chairman of this hearing and Senator, I want to particularly thank the Department of Justice, Mr. Schlesinger and his associate for taking of their time to be here and to share with the committee its information. We look forward for the data we will hope you will provide us. And we commend the Judge for taking up his time and our U.S. Attorney for not only his testimony but his fine stewardship in the act of participation that he has brought to increase in the Federal activity in the prosecution on all levels of drug trafficking and the cooperation with our local law enforcement officials both on the State and local level.

I am going to attempt to put together the second and third panel and to combine those panels and call for sheriff Bill Hasenower, sheriff of Oneida County; Barry Donalty, our district attorney, and also let me ask panel three and to call Mr. Vitagliano, executive director of the Insight House, Oneida County Drug Abuse Treatment Program, and Rose White, director of Oneida County Youth Bureau. And for the purposes of anonymity, let us ask John, a recovered alcohol abuser. We don't need to identify him any further than that for purposes of the record. And also going to submit questions that I have put to the Justice Department officials and to Mr. Schlesinger. In addition, let me say to the panel that if they have prepared remarks, they will be accepted into the record as written and in their entirety. And if they care to summarize in addition thereto, that will be the case.

It's good to see you, Mr. Sheriff. We look forward to hearing from you. Why don't you start.

## STATEMENT OF WILLIAM HASENOWER, SHERIFF, ONEIDA COUNTY, NY

Sheriff **HASENOWER.** Senator D'Amato, Congressman Boehlert, I apologize for not having a prepared statement for you. I have been out of town. We were asked to come before you, but I really don't need a prepared statement.

As you know, the sheriff has many roles, and three of the major roles in this area are, No. 1, the enforcement of our laws, and also I have a role of housing prisoners on the local level on a pretrial level. Also, my next role is looking for money. Oneida County is about a population of 256,000 people. The jail located in the town of Whitesboro, by the airport, presently holds 160 inmates. Oneida County is presently spending $3.2 million for additional space for the corrections facility. I would like to point out at this time, we are on the average of 30 to 40 prisoners daily being housed outside of Oneida County correction facility. The cost of the housing of inmates in other counties due to the Oneida County overcrowding for the month of July is $41,152. Our incurred costs through July 31 was $355,201. This translated into a monthly average of $50,000, $743 daily, average of about $1,605 for the first 7 months of 1985.

I was very pleased to hear my counterparts in the sheriffs saying that recidivism rate was 75 percent, and I would like to confirm that. Oneida County is between 80 and 85 percent. In 1984, charged records with drug and other related was 30. In 1985, that came to the jail so far this year is 32 alcohol related. And in 1984, was 57 charged, 17 convicted to the jail. And in 1985, 60 charges today, and 11 convicted to the facility.

We find that our pretrial drug prisoners—they stay on the pretrial—is in excess of 6 months to a year. Therefore, because of the hearings and different procedures in court, we are paying for that drug-related individual much longer than we are paying for a person that is going to be convicted of a burglary or a smaller crime. By these facts, that 30, and 57, and 60 and so forth, our average daily population out is 30, so this drug business and alcohol related and all crimes that were committed in Oneida County is costing the county of Oneida this year in excess of $608,000, almost $700,000.

Senator D'Amato. That's just for the incarceration?

Sheriff Hasenower. This is in the excess of my prepared budget. This is over and above my normal budget. This is where I have had to go back to the legislature and, I think, the Federal Government. This is a national problem. I am totally concurred with the moneys being spent for the conviction and the apprehension and so forth, but we forgot the other end of the spectrum. We have to house them. We want the criminals off the street. We want the druggies off the street. We want the alcoholics off the street, but we've got to pay for it. This small community has been a tremendous burden to the correctional facility, and I think we in the Federal Government have to look at that. I heard Mr. Schlesinger speak of all the State prisons. Right now in the State of New York, we have a very serious problem because we have anywhere from 14 to 20 State drug related, and they're only paying us $20 a day, where it's costing us $50 a day. The fairness isn't there. We have to do something in the area of penalization, custodial of keeping of these people, and I think it's part of the United States Government to see to it that there is some moneys coming in the local government so they can handle it, because most of the—nearly 99 percent of the people that are arrested on drug charges come to the local correction facility. Whether it be for 24 hours or for 1 year, they're there. It's their first step into the criminal justice system. Thank you.

Senator D'Amato. Thank you very much. We appreciate the fact that on a very short notice, you were here to testify to the problems created in the increase as a result of alcohol and drug abuse. Our district attorney, Mr. Donalty. It's good to see you, Barry.

## STATEMENT OF BARRY M. DONALTY, DISTRICT ATTORNEY, ONEIDA COUNTY, NY

Mr. Donalty. Good morning, Senator. Good morning, Congressman Boehlert.

It is certainly most gratifying for me to be offered the opportunity to address you today and to be able to express the concerns of a local prosecutor vis-a-vis drug enforcement.

I begin with a personal note. I am, and I know that I don't stand alone in this, most appreciative of the support you've shown the law enforcement effort on both a Federal and local level. It is most refreshing to see the concern on the part of a United States Senator for the enforcement of our criminal laws—particularly drug laws.

The issue I would like to address quickly is a very narrow one, that is, the costs associated with drug enforcement as it relates to local law enforcement and local prosecutors.

I begin with a very simple premise. Those who choose to sell and distribute drugs do so for money, which quickly turns to out and out greed.

The moneys to be made, as I'm sure you are aware, are incredible. The most modest of drug dealers can double and triple their investment literally overnight.

Thus, by far, the most effective investigative technique in drug investigations is the use of undercover operatives. This allows law enforcement to dangle a carrot—that is, money—in front of the greedy drug dealer. They simply can't resist it.

This also becomes, however, the most difficult aspect for the local law enforcement and prosecutorial community to deal with.

Make no mistake about it—we are fighting a war against drug traffickers. But in terms of the money available to local law enforcement, it is a war being fought with out-dated surplus equipment.

This fiscal year, for example, I have an investigative budget of $10,000 for Oneida County. This money must be used very selectively in order to insure that it obtains the maximum productivity in terms of evidence gathering.

Since I have prioritized drug prosecutions in this county, much of that investigative account is expended for undercover street buys.

But when one considers that an ounce of cocaine, for example, costs anywhere from $2,000 to $2,400 on the street, my investigative budget doesn't go very far. Additionally, those moneys have to be on hand for other investigative needs as well, those outside of drug investigations.

Senator D'AMATO. May I ask you a question at this point? Is that the account from which you draw moneys to make drug buys?

Mr. DONALTY. That's the account I have to follow for the drug buys and other investigative needs.

Sheriff HASENOWER. I have approximately $1,000 on my account.

Senator D'AMATO. Have you been working to improve that with the U.S. attorney's office and the DEA? Do they make money available to you for those buys?

Mr. DONALTY. I think I might address that.

Senator D'AMATO. I think we should get the U.S. attorney back in here.

Mr. DONALTY. Thus, I am often asked to supply funds for a relatively large drug buy, and if it is not going to involve a buy bust, I am compelled to turn down the request.

This results, at times, in the termination of an ongoing investigation prematurely, or ends an investigation before it even begins. Often times, this will preclude us from identifying a major source because of the premature termination of an investigation.

We have been faced here in Oneida County with the introduction of drugs into this county from many different locations in the country. We've witnessed drugs being brought here from Florida, Pennsylvania, Arizona, Colorado, and California—just to name a few.

Senator D'AMATO. Even Canada.

Mr. DONALTY. Even Canada. And when we've been able to identify potential sources and investigation is needed in that geographic area—most often out of State—the funds are simply not available to send the investigators most familiar with the case to the source area. The end result thus becomes a less than complete investigation, and more importantly, potential defendants in a drug conspiracy, lost.

I know this is a very narrow issue—and one you've probably heard too many times—but it is an extremely important one to us on the local level.

I suppose the question thus becomes, what can you do to help us?

First, continue your interest. Your outspokenness in terms of law enforcement efforts—particularly drug enforcement—has been a constant source of encouragement to law enforcers in this State.

Second, continue your efforts to get the Federal Government actively involved in the interdiction of drugs before they reach this county.

And last, and perhaps most radically, help eliminate the redtape that local law enforcers must go through in order to secure Federal funds to finance major drug investigations and major drug purchases.

In fact, I would propose that there be created a Federal fund to assist localities in these investigations and buys. Have the fund broken up into zones within each State—perhaps, patterning the zones after the Federal judicial districts. And, have these zones, for the purposes of the fund, be administered over by the U.S. attorney for the district and a committee of perhaps three (3) local district attorneys.

Thus, when funds were needed for a major drug investigation, application could be made to this committee, who in turn could immediately review the application in terms of need, possibility of success, identification of sources, strength of cases and evidence to be secured, and distribute the funds, if warranted, and more importantly, when needed—not days or weeks down the line.

Simply put, it is my opinion that the Federal Government should become more actively involved financially in assisting local law enforcement in drug cases.

Thank you for listening to me.

Senator D'AMATO. Mr. District Attorney, let me thank you not only for focusing into the fact that there is a problem, but for putting forth what appears to be a very cogent manner in which you deal with the problem of supplying sufficient resources to meet the problem of moving up the line of dealers, to make the initial bust and to arrest them as dealers. But in most cases, the problem is an addict-dealer looking to support his or her habit, not being able to move through the line to get those who are in a higher chain of command by making even bigger buys so that we can get up that line and just don't have another addict reappear to take the place of the one who has been incarcerated. It is certainly, I think, the desired goal. And you put forth a very constructive proposal and suggestion, and I don't even know whether or not there is a need for legislation, possibly having the U.S. attorneys and the attorney general's office that this method that you suggested can be undertaken. So we thank you.

Mr. DONALTY. Senator, the account I am alluding to is an investigation that Judge Buckley mentioned in his speech, the investigation which we conducted in Remsen which led to the confiscation of over 26 pounds of cocaine and cash. This was the largest extensive investigation. This involved 77 days, 24 hours a day of wire taps, which, obviously, there had to be personnel there 24 hours a day. It was a great cost. During the course of the investigation, it was necessary for us to come up with—immediately with $9,000 to make a quarter-pound buy of cocaine, and I don't have that kind of money. The State Police, Utica Police involved with my office in the investigation didn't have that kind of funds available. But in order to get up that ladder, as you mentioned, it was necessary to come up with $9,000 immediately. So we made application to the Federal Government—and I might add that Mr. Scullin's office worked very closely with us. And it was designated the Task Force Case, but in order to get that $9,000, you have to have a committee meeting initially, and then it goes to Boston for approval and then Washington for approval.

Senator D'AMATO. New York, then to Boston and then to Washington?

Mr. DONALTY. No; I'm not saying in the Northern District. New York, then to Boston, then to Washington. Washington, if they approve, then sends the money to Boston, to send it to the Northern District of New York who, eventually, got it to us. They let us have the money for 1 day. We couldn't make the buy, so we had to give the money back. It took us 1 month to get the $9,000, and we had it 1 day. We could not use it. So that's why I think my proposal to have an immediate application reviewed immediately by the people on site just as I did with my investigative budget is one which, I think, would eliminate these problems. Just let this committee make a judgment. If they say it's worthwhile spending $10,000 or $20,000, write the check then and let them use it immediately. So that would eliminate the problem we encountered in that investigation.

Senator D'AMATO. Thank you very much. I think it's good that it's on the record, the method. Mr. Vitagliano, please proceed.

## STATEMENT OF PAUL VITAGLIANO, EXECUTIVE DIRECTOR, INSIGHT HOUSE, ONEIDA COUNTY (NY) DRUG ABUSE TREATMENT PROGRAM

Mr. VITAGLIANO. Thank you very much. I submitted my statement, and I would like to be more candid in my response based on some of the remarks I heard here this morning. I am very happy to see that once again, the substance of abuse is achieving the priority it should have had over the past decade, which it did not have during that time, and a very important time, when it gave the entire problem a time to escalate. I represent the Oneida County Drug Abuse Treatment Program, which happens to be the only program in Oneida County. It happens to be an outpatient drug-free program so that the cost effectiveness that you may be looking for is not a true representation. We would not have a true representation of it here in Oneida County because outpatient drug-free treatment is a very inexpensive form. As a matter of fact, treatment of an individual in our program for 1 year may only cost about $2,400. This is very small compared to the detoxification programs, maintenance programs, the inpatient types of programs that exist throughout the State.

Some of the concerns that you had indicated to me were that the areas of greatest concern in the county were: What would they be? And I think that if I had to represent to the county based on what we had learned over the past 18 years of involving the treatment, I would have to say that our greatest concern, most recently, is the drastic and dramatic increase that we have seen in substance abuse among very young children. This has been brought to our attention on a number of occasions. We happen to have one 8-year-old individual in our treatment program. The type of treatment that was required during the process, we realized from the officials, that this little 8-year-old girl had simply taken Contac cold capsules and removed their contents and replaced them with nothing more than powdered sugar. She happened to be selling these around school and, obviously, the school administrators became concerned about it. And we tested and found it only to be powdered sugar, however, during the contacts with this girl, we did find that she was abusing herself with a substance that most people here are familiar with: Nyquil liquid cough medicine, which contains approximately 25 percent alcohol, which is 50 proof. She was drinking this during class, as were many of her schoolmates, getting high, attending classes intoxicated. Now, this is an 8-year-old, and this is the type of dramatic increase that we are talking about. We have seen that in elementary schools throughout the community.

As a result, we have responded to it by trying to provide a prevention education program which addresses children before they get to junior high school. We know already the junior high school and high school students are heavily involved in substance abuse. We were not as aware of the problem in the elementary level. However, as I had explained earlier or I began to explain, we have implemented innovative programs, using a magician to present a magic program called—entitled, "Drugs Are No Cheap Trick" to elementary students. In doing so, he addresses other issues as well, such as values, clarification and so forth and substances themselves, talking about alcohol and substance abuse, giving children an opportunity to participate in his program using the magic as a form of intrigue to keep the children's attention, yet getting this message across. I have been involved in a Master's thesis which compared the effectiveness of this program which compares the traditional program to drug prevention education and found that there is a significant difference. There, in fact, is a much greater response in terms of information extracted from and information retained from this particular type of program. It's something that we would like to see instituted throughout more parts of the country. In New York State, it is now also the program throughout the State. I think that this is important to the children at a very young age to learn the dangers associated with alcohol and substance abuse.

Congressman Boehlert earlier alluded to the use of alcohol in industry and so forth. To give you an idea of our attitude and ask what could be done about the use of alcohol or slowing down the use of alcohol, I think that our attitude toward alcohol in this country is a long-ingrained attitude. We do not need an excuse to use alcohol. We more often need an excuse not to use it. If you attend a cocktail party, it's the people that aren't drinking that are asked if something is wrong. It's those that have refused to drink and are asked if they are taking some sort of medication or do they not drink for a particular reason, so that alcohol use is very acceptable. I think that this past year in New York State, the legislation that has been adopted as well as the educational programs that are dealing with alcohol have caused a serious turnabout in attitudes. I think that should be done, probably by the U.S. Legislature.

Senator D'AMATO. I think it's quite interesting that you made the comment that it's your observation that it is the person who may not be drinking on the particular occasion who is asked whether there was anything wrong with him or her. The social pressure, the peer pressure, multiply that peer pressure on those young people who want to be accepted who may not be doing—ranking in the high area scholastically, academically, or on the sports field, who seek acceptance, and one of the major reasons that they may become part of the pack of alcohol and drug abusers and at ages that are frightening and shocking. You testified the case of an 8 year old. There were examples of this taking place, and not only in Oneida, but in Rochester, Syracuse and, daresay, throughout this country.

There was one young lady who almost died in an elementary school in the bathroom. She was a cocaine abuser at the age of 8 years. Where did she get a supply of cocaine? At home. They found her—almost lost her, almost died. Let me ask you this before we move on. You say the recidivism rate for your clients remains relatively constant at approximately 2 percent. Have you been able to measure the success rate in terms of dealing with those who have come to you and achieved a drug-free or alcohol-free period of time?

Mr. VITAGLIANO. Yes; I am rather sorry that you added that last comment—drug free or alcohol free. Let me step back just a bit. Success in these types of programs is not measured by the number of people that you can help become drug free. Success is very often measured in the movement from a very negative environment to a positive one, from helping a person who has not been educated get an education, a person who can not keep a job, keep a job. Success in this field is very difficult to measure. If you can help a person move from point A to point B, it's a positive direction that is considered successful. A number of people that are actually drug free are difficult to measure because of our attitudes that I alluded to a minute ago. If a person is using marijuana that was normally a heroin addict, you may have helped him tremendously. Yet, they are not drug free. They may no longer be using heroin but, certainly, you would agree the use of marijuana may not be as dangerous as the use of heroin. Our basic objective is to help promote some sort of positive environment, reduce, if not completely eliminate, drug use. The recidivism rate that I alluded to are the people who continue to fall back to point A, where they started from. Those people require the assistance to get them, again, moving in a positive direction that may not have been able to do that. And, unfortunately, it's usually not only that 2 percent is a constant figure but, it's generally the same clientele that return again and again for help.

Representative BOEHLERT. Senator, Paul, how about the employers in the private sector, is there an increased involvement? It seems to me—maybe it's just a perception—but in days gone by, when someone was identified as a problem employee—and, in many instances, the problem was directly related to substance abuse—the easy way out for the employer was to discharge the employee rather than arranging a program and trying to rehabilitate which, in the long run, would be good for everyone. Are there any trends in that area?

Mr. **VITAGLIANO**. Absolutely, Congressman. As a matter of fact, I would say that in the past 3 years, most of the major employers in Oneida County have instituted employee assistance programs where they will now provide treatment for their employees before terminating them, giving them an opportunity to go through rehabilitation before terminating them. This is something that has been instituted not only by State legislature, but also by the, obviously, employee representatives that are trying to help these people maintain their aims.

Representative **BOEHLERT**. And they work closely with your office?

Mr. **VITAGLIANO**. Very close. I would say that approximately 8 to 10 percent of our referrals come from employee assistance programs, employers that are trying to help their employees.

Representative **BOEHLERT**. Just one last question. Is your success rate directly related to a period in which you get the substance abuser? In other words you get them. Are you able to work with that individual, help solve their problem? If it's a perpetuative problem or if the employer discharges the employee, 9 chances out of 10, the problem is exacerbated because the employee is totally lost.

Mr. **VITAGLIANO**. As a matter of fact, we can normally determine how long a person will be in treatment by determining how long they have been abused. If they have only been involved a short period of time, we normally predict an early release.

Senator **D'AMATO**. So the earlier the catch, is extremely important. Rose White, director of Oneida County Youth Bureau.

## STATEMENT OF ROSE WHITE, DIRECTOR, YOUTH BUREAU, ONEIDA COUNTY, NY

Ms. **WHITE**. Thank you. I appreciate the opportunity to be here to present some testimony on behalf of the youth of Oneida County from the perspective of the Youth Bureau and serving agency in the county. The Youth Bureau in Oneida County is now a direct service agency with one exception. We do run a program at the jail that's called The Offender Training Employment Program. The rest of our programs are administered by contract agencies, but we are concerned in this community with both drug and alcohol abuse, and I have some copies here for you and the testimony I have prepared, and I have statistics attached that I won't read.

Senator **D'AMATO**. We will receive your testimony in the record as read in its entirety, and then you can proceed as you see fit.

Ms. **WHITE**. Thank you. We are just beginning now to ascertain the seriousness of the problem of drug and alcohol abuse among the young people in our community. In fact, in recent months, Oneida County Youth Coalition, of which Oneida County Youth Bureau is a member—this is a nonprofit organization which is concerned with both education and the advocacy on behalf of the youth. This group has established a substance abuse task force for the very purpose of assessing the seriousness of the situation in our county for young people under the age of 21. Once the extent of the problem has been fully identified, the task force will explore ways in which to most optimally address the situation.

At the present, our best sense of the extent of the problem comes from the Insight House, and we have just heard from Paul Vitagliano, who is responsible for drug counseling and treatment services. Staff at Insight House informed me that alcohol is currently the No. 1 youth-related, problem-causing drug in Oneida County. Marijuana is second, and use of cocaine is rapidly rising. For the first time, cocaine is now readily available in local high schools, and its use is crossing economic lines.

In preparing this testimony, I found that there is virtually no statistically valid, youth-specific data available which supports the hypothesis that use/abuse of alcohol and/or drugs leads to a greater probability of involvement with the justice system. This dearth of valid, youth-specific data suggests that perhaps there is need to do some significant research on the subject. However, professionals in the field are very much aware that there is a definite correlation between substance abuse and criminal activity.

A survey conducted by the Herkimer-Oneida Counties planning program in 1983 gave us an indicator of the extent of the problem; 17 of 19 Oneida County school districts indicated at that time that alcohol abuse is their No. 1 problem. Drugs were listed as the No. 4 problem; 10 problems were ranked, including subjects ranging from truancy to assaults.

Through my office, a survey was conducted last year which yielded some related data. We are trying to come up with a picture of juvenile justice system in Oneida County and how it operates. Unfortunately, we were not aware of some of the information, which would have been helpful today, so that we could have had additional questions which would have given us a better picture. Our survey was designed to determine how school systems deal with youth who have been miscreants in some way. Question No. 20 asks: "How is the problem of alcohol/drug abuse addressed in your school district?" Of the 11 school districts responding, 7—64 percent—in Oneida County indicated that such matters are ultimately placed in the hands of law enforcement officials and/or probation. Since the school districts were given the latitude to indicate more than one response, you should be aware of the following:

Two schools utilized internal discipline when dealing with drug or alcohol abuse. Eight schools suspend students for varying amounts of time, depending on the actual infraction. Six schools use a variety of other procedures, such as referral to counseling programs. Obviously, at the very least, students from the school districts which ultimately refer youth involved with substance abuse to the police or probation have involvement with the justice system, if only briefly.

Our survey also revealed that when schools refer students to outside agencies for counseling, the most frequent reason for referral is an identified need for counseling to address an alcohol- and/or drug-abuse problem. As mentioned previously, the primary local agencies to which drug referrals are made is Insight House.

A national survey which was conducted in 1979, "Prisoners and Drugs," Bureau of Justice Statistics Bulletin, March 1983, revealed that one-third of the inmates serving time in State prisons at that time were under the influence of an illegal drug or had drunk very heavily before committing the crime for which they were incarcerated. This survey of inmates of State correctional facilities is drug-specific and only obliquely references use/abuse of alcohol. I have attached for your information a copy of this bulletin. In essence, it shows a high correlation between drug use/abuse and incarceration in State prisons populations aged 18 and up.

In preparing for today's hearing, I made a special point of soliciting some youth-specific data. Contributions to this are as follows: Jane Rowlands who works for the Youth Bureau, and their program has worked specifically with young inmates at the jail aged 17 to 21. Services are also provided to these clients upon release. It is one of the things that we are trying to ascertain is whether or not providing intensive services at the facility followed by aftercare services when they enter the community will result in a lowered recidivism rate.

Our information is beginning to yield some positive results. Mrs. Rowlands indicated the following, and I will quote from her:

> From my personal conversations and observations (since April of 1983) with inmates at the Oneida County Jail, and other offenders with whom I have worked, I am convinced that alcohol and drugs are major factors in their lives. They always project drinking and "getting high" as soon as they are released. It is clear that drinking gives them courage to do things which they would not normally do, including criminal acts. It is also clear that peer pressure is paramount to these youth and they will go along with the crowd in order to feel that they "belong."

Senator D'AMATO. Let me ask you, at this point, I think it's general agreement. You have been out there to deal with the sheriff, and I see the difficult problem he has with the overcrowding, with the State taking the prisoners who have sentenced and he is being forced to farm them out with the overcrowding with, obviously, the difficult task of trying to deal with the problem you have just identified but one that seems to me, probably in every area, that we've got to begin to work with. How do you deal with these young people who are in the prison system and who can only think about—and admit to you their counselor that all they want to do is get out and they want to get high? They just can't wait to get out, and get back there with their buddies, and their friends and have a blast.

Ms. WHITE. One of the things that we've been doing—and I don't know if we are going to be able to continue—but part of our problems to date have been the overcrowding, and youth are being the first ones that are shipped out. The sheriff works very closely with our program, but he has no choice. If you are going to ship someone to another prison, young people are the ones that they will take, and these are the ones that go first. We have found there are no simple solutions. We have brought up a variety of programs at the jail. One of the things that seems to have been the most important to young people is a computer. The educational program in the system we're using at the jail has played—most of these people have been schooled by us. Many of them are really not any higher than the third-grade reading level, if they're at that point. We have found they like being on the computer system. They enjoy coming out and working with a counselor. We have found that, first of all, to be part of this, they first must be in the various phase of the program which includes: counseling, job. Then if they are willing to be part of the whole program, we let them work on the computer. We have found that in the period of 2 or 3 months, we have raised their reading levels two grades. We have actually had at the Oneida County Jail certified as a G.E.D. testing facility so that many of these people who are the kids who everybody has given up on them—they are dropouts, they are throwaways, no one wants—they have actually gotten their G.E.D.'s while in the jail.

It's a real success story for them, and it's the first time that they have had successes in their lives. What we have then done is try to set up certain services within Oneida County so that when they leave the jail they are not going back into the same situation that they came out of before. And, again, it's very, very difficult. They, however—the ones that we have dealt with with alcohol problems—most of them have had some type of involvement with alcohol. Once they have begun to have a positive experience, we've been able to deal somewhat with alcohol and alcohol abuse.

And the young man I have with me now, who will speak for himself, is now going to AA, and we have found it's not easy, but that when they are really wanting to do something for themselves. Our problem has been—we have an example of a young man who came out and promised a job when he got there, he was not given a job. He was promised. This happened three times. Anybody else, I think, would have given up. It would have been easier for him to go back on to the streets into a life of crime, and he kept coming back to us for help. The problem is getting through the welfare system, getting jobs for these people. It's hard for any of us to do that and more so for them. I think that if you have the services in the community and the intensive daily working with people, we are finding them coming into our office to talk to a counselor daily, and I think that intensive services where they take some responsibility for their lives or where they also recognize—many of these young people don't recognize that they are responsible for where they are, and they have to choose and make a decision. And we have one unfortunate situation where the young man made a wrong decision and is back in jail, and we have said to him: "You have to face the fact that you are going to jail. You are going to be there for a long time, and you will come out and go back in at a later date if you don't face that you are responsible and you have a problem with alcohol." And it's unfortunate that it took this to make that point with him. We don't have enough money for our program.

[Attachments to Ms. White's oral statement follow:]

STATE OF NEW YORK
EXECUTIVE DEPARTMENT
DIVISION OF PROBATION AND CORRECTIONAL ALTERNATIVES
80 SOUTH PEARL STREET
ALBANY, NEW YORK 12207-1595

MARIO M. CUOMO
Governor

EDMUND B. WUTZER
State Director

August 5, 1985

Probation caseloads reflect very high involvement of Drug and Alcohol abuse for all crime categories. Probation directors routinely estimate the alcohol abuse problem to be a major factor in 50-60% of the adult probation cases.

In terms of actual convictions for alcohol and drug related offenses the State Division of Probation and Correctional Alternatives reports the following caseload data for the second quarter of 1985:

State Total Probation: 26% Drugs and Alcohol Conviction

| | | |
|---|---|---|
| Category | PL220 range (Drugs) | 9,651 |
| | PL221 (Marijuana) | 1,516 |
| | DWI | 14,510 |

These figures do not represent Drug or Alcohol Abuse in the commission of other types of crimes such as assaults, larcenies and sexual abuse which normally can be associated with drugs and alcohol.

Upstate & Long Island: 32% Drug and Alcohol Convictions

Drug = 3112
Marijuana = 882
DWI = 13,741

New York City Probation: 18% Drug and Alcohol Conviction

Drug = 6539
Marijuana = 634
DWI = 769

Oneida Co. Probation: 23% Drug and Alcohol Conviction

Drug = 30
Marijuana = 24
DWI = 225

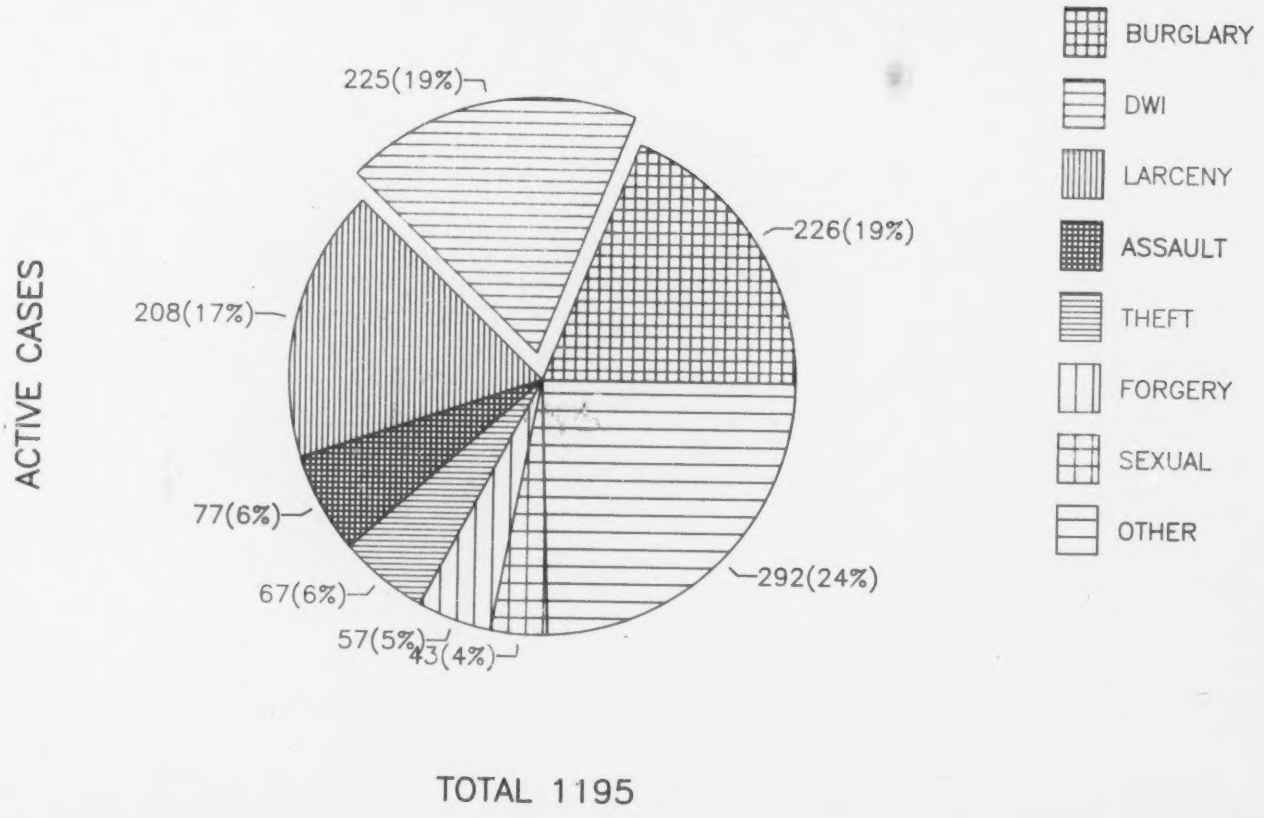
Onondaga Co. Probation: 39% Drug and Alcohol Conviction

Drug = 119
Marijuana = 41
DWI = 728

Alcohol Program Unit
NYS Div. of Prob. & Corr. A

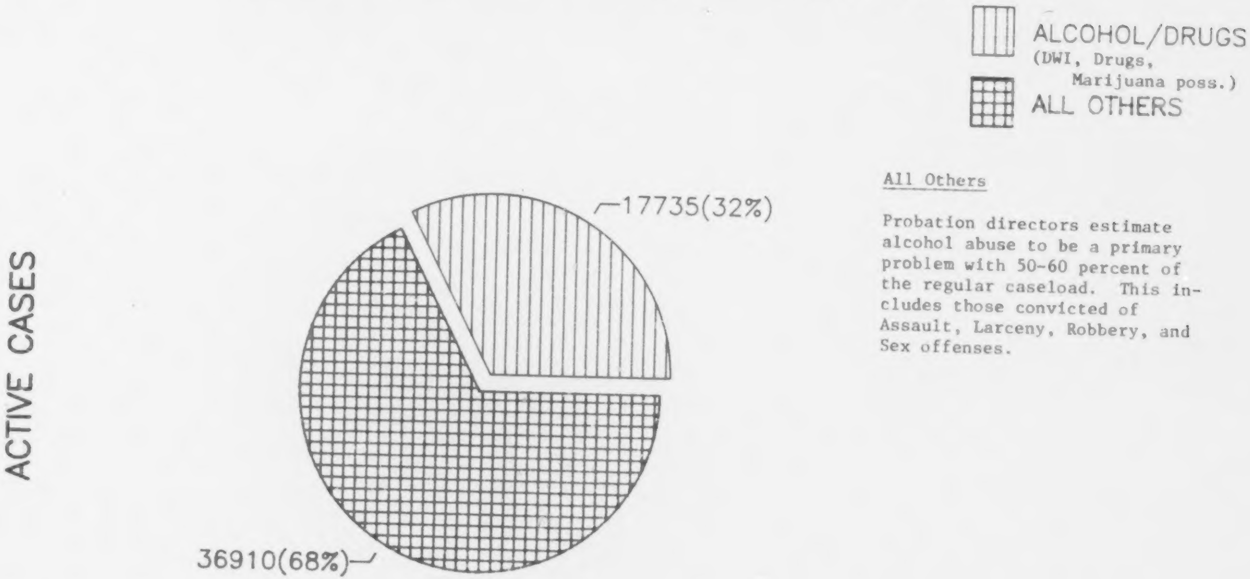
## ONEIDA COUNTY

### ADULT PROBATION CASELOAD 7/10/85



## ALCOHOL/DRUG CONVICTIONS

### PROBATION CASELOAD UPSTATE AND LONG ISLAND



All Others

Probation directors estimate alcohol abuse to be a primary problem with 50-60 percent of the regular caseload. This includes those convicted of Assault, Larceny, Robbery, and Sex offenses.

TOTAL 54645 JULY, 1985

NYS Division of Probation
and Correctional Alternatives
Alcohol Program Unit
(518) 473-0693

U.S. Department of Justice
Bureau of Justice Statistics

Bureau of Justice Statistics
Bulletin

# Prisoners and Drugs

**Almost a third of all State prisoners in 1979 were under the influence of an illegal drug when they committed the crimes for which they were incarcerated.**[1] More than half had taken drugs during the month just prior to the crime. More than three-fourths had used drugs at some time during their lives, but only one-fourth of the drug users had ever been in a drug treatment program.

Information on the extent to which prison inmates had used drugs was obtained from the 1979 Survey of Inmates of State Correctional Facilities.[2] Inmates were asked about their experience with eight specific substances: heroin, methadone (outside of a treatment program), cocaine, marijuana or hashish, amphetamines, barbiturates, and LSD and PCP. They were also asked if they had ever used any other drugs without a doctor's prescription.

March 1983

This is the fourth in a series of bulletins based on the 1979 Survey of Inmates of State Correctional Facilities. A bulletin on criminal careers will be published shortly, and other topics in the survey will be the subject of future bulletins. Public-use computer-readable data tapes for both the survey and the companion 1979 Census of State Correctional Facilities are available from the Criminal Justice Archives and Information Network of the Inter-university Consortium for Political and Social Research. Further information can be obtained by writing CJAIN, P.O. Box 1248, Ann Arbor, Michigan 48106.

Steven R. Schlesinger
Acting Director, BJS

## Drug measurement

This report focuses on three measures of drug use—lifetime use, use in the month prior to the crime for which the inmate was sent to prison, and use at the time of that crime.

Unlike alcohol, whose various forms can be reduced to the common denominator of ethanol, the potency of drugs and their effect on the user varies not only among drugs but also according to their purity.[3] Because of this, no attempt was made to determine how much of each drug had been used on any one occasion or the extent to which the user was affected by it. Instead, inmates were asked a series of questions about each drug beginning with whether they had ever used it and ending with whether they were under its influence at the time of the crime for which they were imprisoned. This order, moving from general use to use at the time of the crime, was adopted to minimize attempts by inmates to cite drugs as the reason for their crimes.

Table 1. United States population age 18 and over and State prison inmates, by percent using each type of drug[1]

| | Ever used | | Recent use[2] | | Under influence at time of crime: inmates |
|---|---|---|---|---|---|
| | Inmates | General | Inmates | General | |
| Total | 100 | 100 | 100 | 100 | 100 |
| No drug | 22 | 65[1] | 44 | 80[1] | 68 |
| Any drug | 78 | 35[1] | 56 | 20[1] | 32 |
| Heroin | 30 | 2 | 12 | [illegible] | 9 |
| Methadone | 9 | 1 | 3 | [illegible] | 1 |
| Cocaine | 37 | 14 | 13 | 4 | 5 |
| Marijuana | 75 | 39 | 47 | 18 | 12 |
| Marijuana only | 23 | 22 | 21 | 58 | 8 |
| Amphetamines | 37 | 9 | 20 | 1 | [illegible] |
| Barbiturates | 33 | 8 | 10 | [illegible] | 2 |
| Hallucinogens[4] | 30 | 11 | 9 | 2 | 4 |

NOTE: The sum of percents for [illegible]

[illegible] Less than 0.5 percent.

[1]Statistics for the general population are from National Survey on Drug Abuse: Main Findings, 1979, National Institute on Drug Abuse (NIDA).

[2]"Recent" refers to the month prior to the crime committed for inmates and the month prior to the survey for the general population.

[3][illegible]

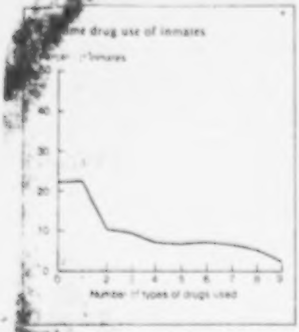
[4]For the inmate population, hallucinogens include LSD and PCP only; for the general population, hallucinogens include some additional drugs, which represent a very small proportion of total drug use.

---

[1]The terms "drug," "illegal drug," and "substance" are used interchangeably in this report and include prescription drugs obtained or used illegally as well as controlled substances.

[2]The survey consisted of personal interviews with a stratified random sample of 12,000 inmates in State prisons across the Nation. It was conducted for the Bureau of Justice Statistics by the Bureau of the Census.

[3]For a discussion of alcohol use among prison inmates see the Bureau of Justice Statistics bulletin "Prisoners and Alcohol," January 1983.



ime drug use of inmates

Figure 1

Validity of the findings depends entirely on the truthfulness of the inmates. Each inmate was promised the complete confidentiality of his response.[4] Nevertheless, one would expect that an inmate would be more likely to deny past use of an illegal substance than to report a use that did not occur. Therefore, the extent of drug use reported in the survey, if anything, is understated.

Drug use

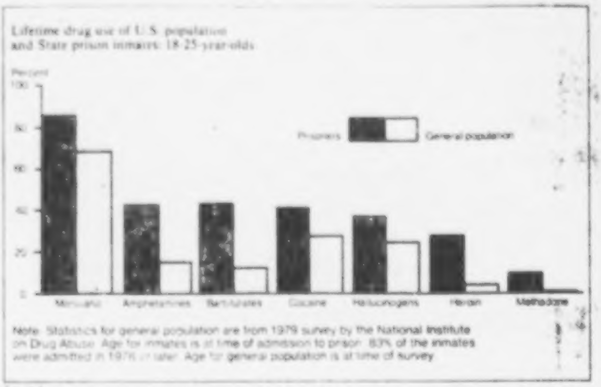
Marijuana was by far the drug most commonly used by the inmates. Three-quarters had used it at some time in their lives, roughly the same proportion as had used any illegal drugs (table 1). Therefore almost all inmates who had used only one drug had used marijuana and almost all inmates who had used other drugs had also used marijuana.

Drug experts find this to be a characteristic of the general population as well; the total number of drug users is only slightly larger than the total number of marijuana users (table 1).

One-fifth of the inmate population had never used any drugs and one-fifth had used only marijuana. At the other extreme, one-fifth had used six or more different illegal drugs (figure 1).

With the exception of marijuana (and of methadone, used by only 9% of the inmates), there was little variation in drug abuse (table 1). Heroin, cocaine, amphetamines, barbiturates, and hallucinogens (LSD and PCP) had each been used by a third of the inmates.

Compared to lifetime use, recent use by inmates (defined as use during the month before the crimes that brought them to prison) was substantially lower for all drugs. The number of inmates who used nothing but marijuana during that month is the same as the number who had never used anything but marijuana, one-fifth of all inmates. Given the wide use of marijuana, these are not necessarily the same people.



Lifetime drug use of U.S. population
and State prison inmates: 18-25-year-olds

Note: Statistics for general population are from 1979 survey by the National Institute on Drug Abuse. Age for inmates is at time of admission to prison. 83% of the inmates were admitted in 1976 or later. Age for general population is at time of survey.

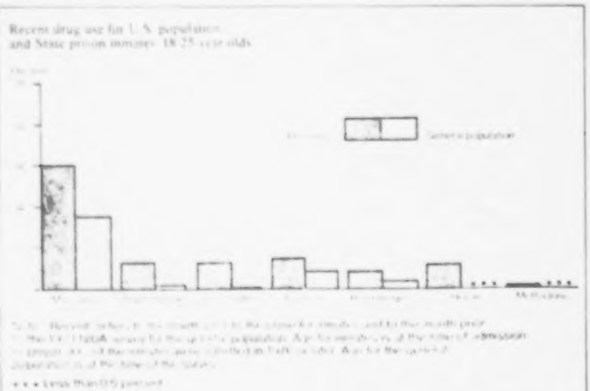
Figure 2

Inmates and others

Inmates were about twice as likely as the public at large to have used drugs. Nonetheless, the proportion who had used only marijuana was the same for both groups—one-fifth. Consequently, persons who had used only marijuana accounted for half of all the drug users in the general population but only one-fourth of all the inmate users.

For all other drugs, use by the general population was substantially below that of the inmates. The greatest difference was for heroin, used by only 2% of the public at large but by one-third of the inmates. Aside from marijuana, the most popular drugs among the general population were cocaine and hallucinogens, each used by one of every seven people.

Recent drug use for the general population (defined as during the month before they were surveyed) was also substantially lower than for the inmates. Almost three-fourths of the inmate drug users had used drugs recently compared to only one-half the drug users in the general population. In the public at large, almost all recent drug users had used marijuana. One-fifth had used cocaine, and one-tenth, halluci-



Recent drug use for U.S. population
and State prison inmates: 18-25-year-olds

Note: [illegible]

• • • Less than 0.5 percent

---

[4] The confidentiality of information collected by the U.S. Census Bureau for the Bureau of Justice Statistics is protected by Title 13, USC and 42 USC 3789(g).

[illegible] use of the other drugs was minor, [illegible] one percent or less of the popu-

## [illegible] trends

Drug experts generally agree that there are popular trends in drug use. A drug quite popular at one time may be less at another. For example, it is generally acknowledged that cocaine—the most expensive of all drugs—is growing in popularity while there are some signs that use of hallucinogens may be on the decline. Consequently, current profiles of lifetime drug use may very somewhat from those that existed for prison inmates and the general population at the time they were surveyed.

## Lifetime drug use

Lifetime drug use is a constant for an individual once he has become a drug user. For example, a person who first uses heroin at age 20 will be "a person who has used heroin" for the rest of his life regardless of whether he ever uses it again. It is also true that the older a person becomes without using illegal drugs, the less likely he is to start.

Both these factors come into play when comparing lifetime drug use for persons in different age groups. Many people alive now were past the prime years for first drug use when drug use became widespread during the sixties. Because of this, lifetime drug use in 1979 was substantially greater for persons age 18-25 years old than for persons age 26 or older (table 2). As those who were age 18-25 in 1979 continue to move through the life cycle, this relationship between older and younger users is not likely to hold.

Even in 1979 this relationship was not as strong for State prison inmates. The difference in lifetime use between 18-25-year-olds and inmates age 26 and older was small for most drugs and the older inmates were slightly more likely to have used heroin than the younger ones.[5]

## Young users

When only the 18-25-year-olds are considered, the difference in lifetime use for prison inmates and the general population is diminished, although the inmates still had a higher rate of use for every drug than did young people in general (figure 2). The proportional difference is the least for marijuana, which had been used by 7 of every 8 inmates and 2 of every 3 noninmates.

For 18-25-year-olds, the difference between inmates and others in recent drug use are proportionately greater than the differences in lifetime drug use, the same relationship that held when all ages were considered. Again, drug use by young inmates exceeded that of young people in general for every substance and again the proportional difference was least for marijuana (figure 3).

## User characteristics

Male inmates were somewhat more likely than female inmates to have used some form of drugs and to have used them recently (table 2). These differences were not large and disappeared entirely for cocaine. Heroin use, as well as recent heroin use, was somewhat more common among the women.[6]

Drug use varied little among racial and ethnic groups. American Indians were less likely than other racial groups to have

Table 2. Drug habits of inmates, by selected characteristics

| | | Percent | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | Any drug | | Heroin | | Cocaine | | Marijuana | |
| Characteristic | Number | Ever used | Recent use | Ever used | Recent use | Ever used | Recent use | Ever used | Recent use |
| Total | 274,564 | 78% | 56% | 30% | 12% | 37% | 12% | 75% | 48% |
| Sex | | | | | | | | | |
| Male | 263,484 | 78 | 56 | 30 | 12 | 37 | 13 | 76 | 48 |
| Female | 11,080 | 67 | 47 | 38 | 18 | 36 | 12 | 62 | 32 |
| Age at admission | | | | | | | | | |
| Under 18 | 6,412 | 82 | 66 | 15 | 7 | 28 | 12 | 81 | 62 |
| 18-25 | 139,251 | 87 | 67 | 28 | 12 | 41 | 15 | 86 | 60 |
| 26-34 | 81,533 | 79 | 53 | 40 | 15 | 42 | 13 | 76 | 43 |
| 35 and over | 48,501 | 46 | 25 | 21 | 9 | 20 | 5 | 41 | 16 |
| Race | | | | | | | | | |
| White | 136,296 | 78 | 57 | 30 | 11 | 40 | 13 | 76 | 49 |
| Black | 131,329 | 77 | 54 | 30 | 13 | 35 | 12 | 74 | 46 |
| American Indian[1] | 5,440 | 79 | 49 | 21 | 5 | 35 | 8 | 77 | 44 |
| Other[2] | 1,499 | 75 | 50 | 37 | 17 | 38 | 10 | 71 | 38 |
| Ethnicity | | | | | | | | | |
| Hispanic | 25,816 | 83 | 59 | 48 | 27 | 36 | 11 | 78 | 44 |
| Non-Hispanic | 248,748 | 77 | 55 | 28 | 11 | 38 | 13 | 75 | 48 |
| Marital status | | | | | | | | | |
| Married | 61,420 | 73 | 49 | 32 | 13 | 35 | 11 | 69 | 41 |
| Widowed | 6,248 | 47 | 26 | 20 | 7 | 21 | 8 | 45 | 19 |
| Divorced | 46,314 | 70 | 47 | 29 | 11 | 35 | 10 | 68 | 38 |
| Separated | 18,169 | 73 | 52 | 39 | 15 | 39 | 12 | 69 | 40 |
| Never married | 142,414 | 84 | 63 | 29 | 12 | 39 | 14 | 82 | 56 |
| Education at admission | | | | | | | | | |
| Not high school graduate | 196,047 | 77 | 55 | 28 | 12 | 34 | 12 | 74 | 47 |
| High school graduate | 50,359 | 80 | 55 | 34 | 13 | 43 | 13 | 78 | 48 |
| Any college | 28,158 | 78 | 56 | 34 | 13 | 48 | 18 | 76 | 47 |
| Employment in month prior to current offense | | | | | | | | | |
| Employed full-time | 165,577 | 74 | 51 | 26 | 9 | 34 | 11 | 72 | 44 |
| Employed part-time | 27,223 | 80 | 58 | 26 | 11 | 35 | 13 | 77 | 50 |
| Not employed, seeking job | 38,233 | 86 | 63 | 35 | 16 | 42 | 14 | 83 | 56 |
| Not employed, not seeking job | 42,433 | 83 | 66 | 44 | 22 | 48 | 18 | 80 | 53 |
| Income in year prior to current offense[3] | | | | | | | | | |
| Total | 128,011 | 78 | 55 | 27 | 9 | 37 | 13 | 76 | 47 |
| None | 2,218 | 75 | 54 | 24 | 13 | 28 | 9 | 74 | 48 |
| Less than $3,000 | 35,503 | 79 | 55 | 20 | 7 | 30 | 10 | 76 | 49 |
| $3,000-9,999 | 48,511 | 78 | 52 | 26 | 9 | 35 | 11 | 76 | 45 |
| $10,000 and over | 41,779 | 78 | 58 | 34 | 12 | 47 | 18 | 75 | 49 |
| Offense | | | | | | | | | |
| Violent | 157,742 | 75 | 53 | 27 | 11 | 34 | 11 | 73 | 45 |
| Homicide | 48,941 | 64 | 41 | 19 | 6 | 24 | 7 | 62 | 35 |
| Assault | 17,216 | 73 | 47 | 22 | 8 | 28 | 7 | 70 | 41 |
| Rape | 16,460 | 64 | 39 | 14 | 4 | 21 | 6 | 62 | 36 |
| Robbery | 68,324 | 86 | 66 | 38 | 18 | 45 | 16 | 84 | 56 |
| Other violent | 7,701 | 79 | 59 | 26 | 9 | 40 | 17 | 77 | 51 |
| Property | 85,562 | 80 | 58 | 30 | 11 | 39 | 13 | 78 | 50 |
| Burglary | 49,223 | 85 | 64 | 31 | 12 | 42 | 14 | 83 | 57 |
| Forgery or fraud | 11,505 | 69 | 43 | 29 | 11 | 35 | 12 | 64 | 34 |
| Larceny | 13,018 | 78 | 53 | 33 | 13 | 39 | 12 | 75 | 44 |
| Other property | 11,815 | 75 | 51 | 21 | 6 | 33 | 9 | 73 | 47 |
| Drugs | 19,420 | 92 | 74 | 54 | 31 | 63 | 24 | 87 | 57 |
| Public order | 10,982 | 69 | 42 | 22 | 5 | 28 | 9 | 67 | 39 |

NOTE: Numerical detail for a particular characteristic may not add to the total due to non-responses, which in no case exceed 0.4%. "Recent" refers to the month prior to the crime committed.

[1] Includes Eskimos and Aleuts.

[2] Asians and Pacific Islanders.

[3] To reduce the effect of inflation upon income figures, only inmates admitted to prison after 1977 are included.

---

[5] The age of inmates is their age at admission to prison; over 80% were admitted after 1975.

[6] Women confined to local jails are also more likely to use heroin than male jail inmates. See Profile of Jail Inmates: Sociodemographic Findings from the 1978 Survey of Inmates of Local Jails, Bureau of Justice Statistics, 1980.

Table 3 Lifetime and recent drug use, for inmates with and without illegal income

| Type of drug | Ever used |  |  | Recent use[1] |  |  |
|---|---|---|---|---|---|---|
|  | All inmates[2] | with illegal income | without illegal income | All inmates[2] | with illegal income | without illegal income |
| Number | 274,564 | 27,980 | 198,573 | 274,564 | 27,980 | 198,573 |
| Percent | 100% | 100% | 100% | 100% | 100% | 100% |
| No drug | 22 | 7 | 26 | 44 | 17 | 51 |
| Any drug | 78 | 93 | 74 | 56 | 83 | 49 |
| Heroin | 30 | 56 | 24 | 12 | 28 | 9 |
| Methadone | 9 | 21 | 7 | 2 | 6 | 1 |
| Cocaine | 37 | 61 | 30 | 13 | 29 | 9 |
| Marijuana | 73 | 91 | 71 | 48 | 74 | 42 |
| Amphetamines | 37 | 59 | 33 | 10 | 20 | 8 |
| Barbiturates | 35 | 58 | 29 | 10 | 19 | 8 |
| LSD | 24 | 43 | 20 | 4 | 9 | 3 |
| PCP | 18 | 35 | 15 | 5 | 10 | 4 |
| Other | 20 | 41 | 17 | 6 | 12 | 4 |

NOTE: The sum of percents for individual drug use exceeds the percent using "any drug" because many persons used more than one.

[1] "Recent" refers to the month prior to the crime committed.

[2] Includes inmates for whom income information was not collected because they were not free for at least 1 year prior to present incarceration (48,[illegible]).

used heroin, and blacks were less likely than whites to have ever used cocaine. Hispanics were substantially more likely than others to have used heroin and to have used it recently.

Inmate use of illicit drugs peaked among those age 18-25, declined moderately for those age 26-34, and dropped off sharply among those age 35 years and older. Heroin use was greatest for those age 26-34.

Education and marital status are strongly related to age. Patterns of drug use reflect this. For example, drug use was highest among the never married, in general a young group, and lowest among the widowed, typically older inmates. Inmates who have not graduated from high school cluster among the youngest inmates and the oldest inmates, and their drug use patterns are a combination of those for both groups.

Inmates who had been employed either full- or part-time during the month prior to their crime were less likely than those not working to have ever used heroin and cocaine. They were even less likely to have used heroin and cocaine during that month.

## Income

Inmate use of cocaine, at any time or recently, rises with income, reflecting its cost. The use of marijuana appears totally unrelated to income. Those who had no income and those who had high incomes were equally likely to have used heroin recently but those who had high incomes were the most likely to have ever used it.

All inmates who reported some income during the year before their crimes were asked its sources. Twelve percent volunteered that they had income from illegal sources (table 3).

Of all the data collected in the survey, this number must be the most suspect. Illegal income usually represents both untaxed income and an illegal act, facts that can hardly be conducive to reporting, pledges of confidentiality notwithstanding. Nevertheless, differences between those who cited illegal income and those who did not were striking.

For heroin, methadone, cocaine, amphetamines, barbiturates, LSD, PCP, and miscellaneous other drugs, the use of each, whether over a lifetime or over the month before the crime, was at least twice as high for inmates who said they had illegal income than for those who did not.

Use of more than one drug was also much higher for persons with illegal incomes. Over half of all persons with illegal income had used five or more drugs during their lives and 1 of every 12 had used five or more drugs in the month prior to the crime. The comparable figures for persons with only legal income are 1 of every 5 and 1 of every 50 (figure 4).

## User offenses

As expected, inmates in prison for crimes involving drugs were more likely than other inmates to have used drugs (table 2). Nine-tenths had lifetime drug use and three-fourths had used drugs recently. Inmates convicted of drug offenses were nearly twice as likely as other inmates to have used heroin and more than twice as likely to have used it recently. Their lifetime and recent use of cocaine were both twice the rate for other inmates.

About three-fifths of the drug users with drug offenses were in prison for trafficking rather than possession or use. This was true for all drug users, recent drug users, and even those who were under the influence of drugs at the time of their crime.

Although marijuana is by far the most commonly used drug—used at some time by three-fourths of the inmates, recently by half the inmates, and at the time of the crime by one-sixth of the inmates—less than 1% of the inmate population was serving time for marijuana possession or use.

After drug offenses, drug use was next highest among robbers and burglars of whom more than four-fifths had used drugs at some point in their lives, and about two-thirds in the month before their crimes. Murderers and rapists had low drug-use rates.

Table 4. Inmates under the influence of drugs at the time of the crime, for selected drugs

| Offense | All inmates | Type of drug |  |  |  |
|---|---|---|---|---|---|
|  |  | Any drug | Heroin | Cocaine | Marijuana |
| Total | 274,564 | 32% | 9% | 5% | 17% |
| Violent | 157,742 | 30 | 8 | 4 | 16 |
| Homicide | 48,041 | 21 | 4 | 2 | 11 |
| Assault | 17,216 | 27 | 5 | 2 | 13 |
| Rape | 16,460 | 22 | 2 | 2 | 15 |
| Robbery | 68,324 | 38 | 12 | 6 | 20 |
| Other violent | 7,701 | 34 | 6 | 6 | 19 |
| Property | 83,562 | 35 | 8 | 5 | 20 |
| Burglary | 49,223 | 40 | 8 | 5 | 24 |
| Forgery or fraud | 11,505 | 25 | 8 | 4 | 11 |
| Larceny | 13,018 | 30 | 10 | 6 | 15 |
| Other property | 11,815 | 30 | 5 | 3 | 18 |
| Drugs | 19,420 | 47 | 22 | 9 | 18 |
| Public order | 10,982 | 19 | 4 | 4 | 14 |

NOTE: Numerical detail may not add to total due to non-responses (less than 0.5%).

## Drugs and crime

About a third of all inmates said that they were under the influence of drugs at the time of their offense (table 4). About half of these were under the influence of marijuana.

Half of all drug offenses were committed under the influence of drugs—a fifth under the influence of heroin. A fourth of all burglaries and roughly a fifth each of all robberies and all drug offenses were committed under the influence of marijuana. One-eighth of all robberies and one-tenth of all larcenies were committed under the influence of heroin. Cocaine did not play a significant role in the commission of any crimes.

## Criminal histories

The more convictions inmates had on their records, the more likely they were to have taken drugs during the month prior to their offense (figure 4). Three-fifths of all inmates with five or more prior convictions had used drugs during the month prior to their crimes compared to just over two-fifths of those with no prior convictions. The recent use of heroin was also related to prior convictions. The proportion of inmates with five or more prior convictions who had used heroin in the month before their offense was 3 times greater than the corresponding proportion for those with no prior convictions.

The likelihood of having used more than one type of drug was also related to the number of prior convictions. One-sixth of the inmates with no priors had used five or more different substances; two-fifths of the inmates with five or more priors had used that many.

## Drug treatment programs

Slightly more than a fourth of the 213,000 inmates who used drugs at some time during their lives had ever been enrolled in a drug treatment program (table 5). A higher enrollment rate—about a third—was found among recent drug users. The rate rose to two-fifths for inmates who said they were under the influence of drugs at the time they committed their offense.

Table 5. Inmates' drug use and participation in drug treatment programs

| Characteristic | Number of drug users | Percent ever in programs: Total | One | Two | Three or more | Percent in programs at time of offense |
|---|---|---|---|---|---|---|
| Ever used: | | | | | | |
| Any drug | 213,131 | 26% | 17% | 5% | 3% | 7% |
| Daily | 142,473 | 36 | 23 | 8 | 5 | 9 |
| Weekly | 30,228 | 10 | 9 | 1 | 0 | 2 |
| Less than weekly | 40,430 | 5 | 4 | 1 | (Z) | 2 |
| Heroin | 81,792 | 51 | 31 | 12 | 8 | 14 |
| Daily | 51,865 | 63 | 35 | 16 | 12 | 18 |
| Weekly | 7,265 | 39 | 30 | 7 | 2 | 10 |
| Less than weekly | 22,662 | 27 | 21 | 4 | 2 | 6 |
| Cocaine | 102,427 | 40 | 25 | 9 | 6 | 11 |
| Daily | 26,958 | 46 | 28 | 11 | 7 | 11 |
| Weekly | 14,986 | 39 | 23 | 10 | 6 | 11 |
| Less than weekly | 60,483 | 38 | 25 | 7 | 6 | 11 |
| Marijuana | 205,941 | 26 | 17 | 5 | 3 | 7 |
| Daily | 116,540 | 32 | 21 | 6 | 4 | 8 |
| Weekly | 36,176 | 20 | 13 | 5 | 2 | 5 |
| Less than weekly | 53,225 | 17 | 11 | 4 | 2 | 5 |
| Recently used:[1] | | | | | | |
| Any drug | 152,391 | 31 | 21 | 6 | 4 | 8 |
| Daily | 108,498 | 36 | 24 | 7 | 5 | 10 |
| Less than daily | 43,893 | 19 | 13 | 4 | 2 | 5 |
| Heroin | 33,425 | 59 | 34 | 14 | 10 | 18 |
| Daily | 24,082 | 62 | 35 | 16 | 12 | 19 |
| Less than daily | 9,343 | 49 | 32 | 11 | 6 | 14 |
| Cocaine | 34,213 | 40 | 25 | 9 | 7 | 11 |
| Daily | 13,546 | 48 | 30 | 10 | 7 | 12 |
| Less than daily | 20,667 | 38 | 22 | 8 | 6 | 10 |
| Marijuana | 127,374 | 29 | 20 | 6 | 4 | 7 |
| Daily | 83,061 | 32 | 22 | 6 | 4 | 8 |
| Less than daily | 44,313 | 24 | 15 | 6 | 3 | 6 |
| Under influence of drugs at time of offense[2] | | | | | | |
| No | 119,208 | 18 | 13 | 4 | 2 | 4 |
| Yes | 88,580 | 39 | 25 | 8 | 6 | 11 |

NOTE: "Any drug" includes heroin, cocaine, marijuana, and any other drug used. The sum of all drugs used exceeds the total ("any drug") because many persons used more than one drug. Percent detail may not add to totals shown because of rounding.

Z Less than 0.5 percent.

[1] "Recently" refers to the month prior to the crime committed.

[2] Approximately 3% of the drug users did not provide this information.

The more frequently the inmates used drugs, the more likely it was that they had been in a treatment program. Slightly more than a third of those who had ever used drugs on a daily basis had been in a program, compared to less than one-tenth of those who had never used drugs daily. Among recent users, approximately two-fifths of the daily users had been in drug treatment programs.

Heroin users were the most likely to have been in drug treatment programs, probably because of the highly addictive nature of that substance. About half of all lifetime heroin users had been in a treatment program, compared to about two-fifths of the cocaine users and one-fourth of the marijuana users.

## Drugs and alcohol

It appears that illegal drug use is about as pervasive among inmates as alcohol. Precise comparisons, however, are not possible. For example, 22% of the inmate population had never used drugs, whereas 17% of the inmate population had not used alcohol in the previous year.

Half the inmate population had been drug users daily at some point in their lives and two-fifths had recently used drugs daily. Most of this daily use involved marijuana. Less than one-fifth had ever used heroin on a daily basis and about one-tenth had used cocaine daily.[6] In comparison, a third of the inmates drank daily during the year before their offense and two-thirds of these drank very heavily.[7]

Persons whose offenses were drug-related were the least likely to drink heavily during the year prior to their offense and among the most likely to abstain altogether.

At the time of the offense, three-fifths of those under the influence of

Inmate use of drugs during month before current crime, by prior convictions

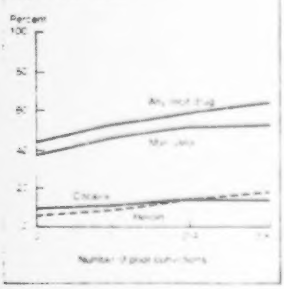


Figure 4

---

[7] Heavy drinkers are those who consume a minimum of 4 ounces of ethanol—the equivalent of 8 cans of beer, 7 4-ounce glasses of wine, and nearly 9 ounces of 86-proof liquor.

drugs had also been drinking including two-fifths (or 12% of all inmates) who had been drinking very heavily.

Murderers, rapists, and violators of the public order were the least likely to have been under the influence of drugs at the time of the offense; drug offenders and burglars the most likely (table 4). Rapists and assaulters were the most likely, forgers and larcenists the least likely, to have been drinking prior to the offense.

## Further reading

To obtain other National Prisoner Statistics reports or to be added to the bulletin and/or corrections mailing lists, write to the National Criminal Justice Reference Service (301/251-5500), User Services Dept. 2, Box 6000, Rockville, Md. 20850. Other NPS bulletins include—

- Jail Inmates 1982, 2/83, NCJ-87161
- Prisoners and Alcohol, 1/83, NCJ-86223
- Prisoners 1925-81, 12/82, NCJ-85861
- Prisoners at Midyear 1982, 11/82, NCJ-84875
- Death-row Prisoners 1981, 7/82, NCJ-83191
- Prisons and Prisoners, 1/82, NCJ-80697
- Veterans in Prison, 10/81, NCJ-79232

Bureau of Justice Statistics Bulletins are prepared by the staff of the bureau. Carol B. Kalish, chief of policy analysis, edits the bulletins. Marilyn Marbrook, head of the bureau publications unit, administers their publication, assisted by Julie A. Ferguson. This bulletin was written by Ms. Kalish and Wilfred T. Masumura of the U.S. Bureau of the Census.

March 1983, NCJ-87575

FREDERICK J. COOK
PRINCIPAL PLANNER
CRIMINAL JUSTICE

HERKIMER-ONEIDA COUNTIES COMPREHENSIVE PLANNING PROGRAM
ONEIDA COUNTY OFFICE BUILDING • 800 PARK AVENUE • UTICA, NEW YORK 13501

## PUBLIC HEARING

In the Spring of 1983, the Herkimer-Oneida Counties Planning Program conducted a Criminal Justice System Survey of School Problems for the Herkimer-Oneida Counties Crime Control Advisory Board.

Seventeen of the nineteen Oneida County school districts responded, and the eleven school districts in Herkimer County all responded.

### General Survey Finding

Juvenile Justice/Criminal Justice problems do exist within our school districts and there is a genuine professional concern on the part of school personnel. As the school reflects the state of the community's problems, one can realize why such problems exist.

Problems identified included truancy, vandalism, larceny/theft, assaults and drugs. While these existed in varying degrees, alcohol and truancy were indicated as most serious and were followed by vandalism, drugs, assaults and larceny/theft for Oneida County, and Herkimer County indicated truancy and alcohol as most serious, followed by vandalism, drugs, larceny/theft and assaults.

A relationship exists between these problem areas; as a student may be truant due to other problems such as alcohol and drug abuse, etc. Likewise, a student may have an alcohol problem which leads to truancy.

| Oneida County | Herkimer County |
|---|---|
| Alcohol | Truancy |
| Truancy | Alcohol |
| Vandalism | Vandalism |
| Drugs | Drugs |
| Assaults | Larceny/Theft |
| Larceny/Theft | Assaults |
| Another area designated as a problem was illegal absence (1). | Other areas designated as problems were latch key (1), violation of school rules (1) and pregnancies (2). |

Other issues of concern:

| Oneida County | Herkimer County |
|---|---|
| Illegal Absences | Look-alike drugs |
| Parent Custody | School Rule married/unmarried mothers |
| Neglected Children | Removal from home procedures |
| Handicapped Children | Child Abuse |
|  | Family Counseling for single parents |
|  | Custody fights |
|  | Juvenile protection |
|  | Privacy issues |

There is a great deal of hearsay and conjecture about the discipline, delinquency and crime in schools all across America. There is not enough factual information. Even where efforts have been made to collect meaningful data, school officials often hesitate to publicize their problems. No school wants to gain a reputation as a "bad" school in comparison to others.

This survey attempted to categorize problem areas and to increase awareness between and among school personnel and criminal justice representatives.

Several training programs were held with local school districts and criminal justice officials. This area must continually be stressed to maintain a working rapport and the true meaning of community.

The Crime Control Advisory Board and the Oneida County Youth Coalition and the late Herkimer County Youth Coalition continued dialogue since the survey and have developed several juvenile justice preventive and diversionary programs.

The Oneida County Youth Coalition and the Crime Control Advisory Board continue to work collaboratively with the school districts, superintendents, boards of education, teachers and staff.

# ONEIDA COUNTY OFFENDER TRAINING AND EMPLOYMENT PROGRAM

## O. T. E. P.

## Introduction

The Oneida County Jail serves the entire county as a pre-trial detention center and houses all sentenced offenders. Many of the hours spent by these offenders are idle ones. Effective programs should address education, self-help, employment and training activities.

Studies have indicated that many offenders have little work history and limited basic job search skills. These problems have been identified to also exist with some persons sentenced to probation.

The lack of positive work attitudes, habits and skills combined with inadequate education hampers the offenders ability in seeking employment.

For those persons sentenced to probation, leaving prison, or leaving jail every year, employment means even more: a job can be the critical difference between successful adjustment to a free life or a return to incarceration. Yet, an offender can be helped in his job search to become a productive asset as well as an economic asset. Many successful attempts have been made over the years by concerned individuals, government and private agencies, local communities, and employment and training program operators to help the offender break the cycle of crime, jail and joblessness.

The Offender Training and Employment Program represents a comprehensive approach to address the offender cycle.

## Objectives

The optimum goal for the project is to provide services to the sentenced offender and those sentenced to probation. Services include skill development in the areas of youth life, employability, attitude, and education. This is corrolated with appropriate testing methodology. The primary focus is to provide a number of activities and services, through a series of phases offered the offender during incarceration and after release, and while on probation. Through these "phases" our primary objectives are:

1) To teach the offender those critical youth life skills necessary to become a productive member of the community:
    - to accept responsibility for one's actions,
    - to recognize socially appropriate behavior,
    - to be aware of one's strengths and weaknesses in order to set personal goals and future options,
    - to be able to communicate in an appropriate and effective manner.

2) To provide an educational program that includes skills necessary to achieve academic and vocational goals.

3) To increase the employability of offenders by providing instruction in the appropriate job skills for each individual.

4) To prepare offenders for the receipt of a high school diploma.

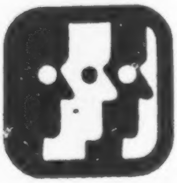
5) To open lines of communication with community agencies, local schools, and potential employers in order to develop cooperative programs to help increase offenders success.

## PHASE I

This initial phase covers orientation, screening, and intake. Individual and group counseling techniques are utilized to provide accepted offenders with information regarding program format and development of individual program plans.

## PHASE II

In a workshop or individual setting, program instructors present modual programs in the areas of employability skills, and educational, i.e. high school equivalency degree, adult basic education, and remedial education. Testing for occupational and vocational abilities and preference are conducted. Community agencies will provide specialized workshops relating to information, referral and services available to offenders. This will include transition services for community reintegration.



## PHASE III

This phase includes appropriate employment placement or employment alternatives for program participants. Work experience components where appropriate, will be developed through Oneida County Employment and Training and the Oneida County Youth Bureau. Alternative programs will include Military Service, Educational Opportunities, On-The-Job Training program, Job Corps and other appropriate alternatives.

## PHASE IV

This exit phase will include transition information provided to participants regarding community services and follow-up services.

## O.T.E.P.

### Advisory Board Members

Fred Cook, Chairperson
Oneida County Planning Department

Susan Calogero
Mid-York Library System

Jim Currier
N.Y.S. Job Service

Betty Joan Beaudry
Neighborhood Center of Utica Inc.

Under-Sheriff Robert Ingalls
Oneida County Sheriff's Department

David Mathis, Deputy Director
Employment and Training

Charles Mead, Director
Special Eduction, B.O.C.E.S.

Anthony Showa, Probation Supervisor

Christine Riester
Planned Parenthood

Rose White, Director
Oneida County Youth Bureau

ONEIDA COUNTY
JOHN D PLUMLEY
COUNTY EXECUTIVE
YOUTH BUREAU
COUNTY OFFICE BUILDING

## Liaison Members

Richard Desrochers, Director
Youth Employment Programs
N.Y.S. Division for Youth

Carm Gottuso
Employment and Training Job Development

James Ryan, Director
Ex-Offender Programs
N.Y.S. Department of Labor

Peter Mannella
CETA Program Administrator
N.Y.S. Association of Counties

John Martin
Youth Employment Program Specialist
N.Y.S. Division for Youth

Joseph Walker
Regional Program Coordinator
N.Y.S. Division for Youth

John MacEnroe
Program Management Specialist
N.Y.S. Division for Youth

## Program Staff

David J. Picente - 798-5047
Program Coordinator
Oneida County Youth Bureau
Oneida County Office Building
800 Park Avenue
Utica, New York 13501

Funded by the New York State Division for Youth through the auspices of the Oneida County Youth Bureau. Additional funding provided by the office of Employment and Training of Oneida County

Senator D'AMATO. Let me ask you this. What about the cost and utilization of probation for those young people who go into a particular program and being subject to that program?

Ms. WHITE. The probation is very involved in our program, and we have——

Senator D'AMATO. In other words, I can refer a young person to AA?

Ms. WHITE. Yes.

Senator D'AMATO. And if the condition of probation is successfully undertaken in that program and if they don't come back?

Ms. WHITE. That, I don't know. That is something—we have——

Senator D'AMATO. Maybe the sheriff or district attorney can make a comment on that.

Sheriff HASENOWER. There is some referrals by court where they have health problem, mental problem, alcohol abuse or whatever this is, and there is some kind of conditions of release.

Senator D'AMATO. It seems to me when you have got some of these young kids who are involved in this, they're not going to have the proper motivation themselves in certain cases. Maybe they've got to have a realization to say, "Look, you don't undertake this program—We mean seriously—within—you are going to go back. We are going to put you away." Do they do that?

Mr. DONALTY. Very often, Senator, County Court Judges in many of our lower locals. We have a pre-screening. The probation department does it, and very often, the probation will be inpatient treatment or outpatient treatment or Mental Health, Insight or through other programs. There is a violation condition, and if they don't successfully complete them, the Judge will bring them right back to court and sentence them as if he had never been put on probation. We use that quite often in this community, in both drug and for alcohol cases.

Sheriff HASENOWER. We have approximately 350 people released on their own recognizance and their own supervision to the probation department. Many of those cases are alcohol related, but I would like to also——

Senator D'AMATO. I think that is an interesting statistic. So you can double the jail population were it not for the fact that you do already have 350 and not entirely escaping——

Sheriff HASENOWER. I think it is one of four alternatives to incarceration and the alcohol abuse, but I would like to point out that there is a misconception of the county jail. Ninety percent of the people are on a pre-trial. Therefore, we may have an individual who comes in today and is back out on the street within 48 hours, sometimes less, or within the 7,200 hour period of time. So, therefore, the control of that individual is lost as soon as he obtains bail. I think there should be some provision of bails where we know definitely if there is some drug-related problem or alcohol before that man can obtain bail, a condition to be put on so that he starts his treatment or whatever it is. We have the public defender's office who come into our facility. They make the appeals to the court and to the probation department. This person doesn't really belong there. They're trying to evaluate the problems but as I stated earlier, we have almost doubled, and only half way through this year, compared to last year. And this continues to grow, and it's a serious problem because we are warehousing people. This is bad for the youth, and some of the small programs that we do have, we don't have funding. It takes money to do these things, and it's costing the taxpayers of Oneida County a tremendous bill for housing prisoners.

Senator D'AMATO. We will take a minute before we turn to our last witness, probably the most important, not to diminish that. John, talk into the mike and let us know how you came into the system.

## STATEMENT OF JOHN, RECOVERING ALCOHOL ABUSER

JOHN. My name is John, and I am 22 years of age. I believe, basically, what Sheriff Hasenower was talking about, the statistics as far as young kids involved in drug and alcohol is very good. It's definitely there.

Senator D'AMATO. How old are you now, John?

JOHN. 22. 23 this month.

Senator D'AMATO. When did you first receive alcohol treatment? Was it just alcohol, or was it alcohol and other drugs?

JOHN. I'd say around 12 years old, I noticed I started drinking a little bit. Then I laid off because my father reprimanded me, but I really started getting into it in my freshman year of high school. And then I started getting into the drug scene, and I dealt with everything but heroin: hallucinogenic drugs, various things that damage the mind. I received counseling. I'm at a loss for words. If you have any questions as far as based on being incarcerated, that would help me out tremendously.

Senator D'AMATO. Well, let me ask you this. You said you started to use drugs or you started drinking when you were about 12?

JOHN. Yes, sir.

Senator D'AMATO. And when you got into high school, you must have been 13 or 14?

JOHN. Yes.

Senator D'AMATO. You would say you had a serious drinking problem at that point?

JOHN. Yes, because then I started stealing cars. It was various things——

Senator D'AMATO. Started stealing cars. When you stole a car, were you under the influence of joy-riding kind of things?

JOHN. No.

Senator D'AMATO. You and your buddies?

JOHN. No, mainly, by myself.

Senator D'AMATO. You did it by yourself?

JOHN. Yes.

Senator D'AMATO. That's unusual. Usually, there is the group.

JOHN. The peer pressure, yes.

Senator D'AMATO. When did you become involved in the drugs?

JOHN. That was also at an early age. I was around, I'd say 13 the first time that I experienced marijuana.

Senator D'AMATO. Marijuana?

JOHN. Yes.

Senator D'AMATO. And did you then undertake additional drugs?

JOHN. Eventually, it led into different drugs and——

Senator D'AMATO. LSD?

JOHN. No; I never—that's one thing I also never touched.

Senator D'AMATO. Angel Dust?

JOHN. Yes.

Senator D'AMATO. Cocaine?

JOHN. Yes.

Senator D'AMATO. When did you first get in trouble because of your drinking and drugs?

JOHN. Well, the first time I was arrested was when I was 17. It didn't phase me, though. That's the point. It didn't phase me.

Senator D'AMATO. Why didn't it phase you?

JOHN. I guess I was rebellious. I was very rebellious toward my family, but my family was always supportive. But I wouldn't realize it. If—I have seen it in prison, where kids are—they're out for No. one. They look out for themselves, they don't care how they acquire drugs. They'll take any steps to acquire it.

Senator D'AMATO. You mean there came a point in time when your whole life was devoted to acquiring drugs and alcohol?

JOHN. To stay high, to hide responsibilities and reality.

Senator D'AMATO. Is that what you lived for?

JOHN. At a certain time, yes, I did.

Senator D'AMATO. Would you say that there came a time when you were arrested you were in prison, that other inmates were there because of the same problems?

JOHN. Yes; it's anywhere from about 8 out of 10 people. The person who is sober when they do a crime had a lot of guts. Has a lot of guts—but when you were out drinking and on drugs, you have an awful personality. It's a split personality. You're not yourself.

Senator D'AMATO. What crimes were you arrested for?

JOHN. Can I plead the fifth on that?

Senator D'AMATO. Sure.

JOHN. I would like to.

Senator D'AMATO. Let me say this to you. How did you get into—you're now in a rehabilitation program, and you can take the fifth any time you want. But have you been drug free for a period—drug and alcohol free for a period of time?

JOHN. Drug free, I have been free for almost 2 years. Now——

Senator D'AMATO. Good.

JOHN. Now, that was on my own determination. Now, I resorted over to alcohol, and now I'm off it. AA, it's a self-help program.

Representative BOEHLERT. May I ask a question? When did you realize that you had a problem?

JOHN. I believe, when my parole officer told me I had a problem, and I didn't realize it.

Representative BOEHLERT. See, I think the frustration is that, as Mr. Vitagliano said, the early detection is critical. And more often than not, I will assume, that the subject of the user is the last person who recognizes that he or she has a real problem. Often, it's friends or family or coworkers. But you sort of feel helpless. You don't want to tell anyone. You don't want to face up to reality and say, "Let me ask the experts."

What advice do you have for those who—on occasion, you see friends or family or coworkers abusing a substance. What do we do when we see that?

Mr. DONALTY. Are you directing that to me?

Representative BOEHLERT. Any of you.

Mr. VITAGLIANO. Basically, what I would suggest is a very honest approach. If you are concerned with someone, if you have a true desire when you see someone close to you using the substance: Did you display that concern? If you let them believe that you are truly concerned and offer some assistance to them, that probably is the only advice I can give you. You have to let them—you have to get this message across to them that you care enough to do something for them and with them. Very often, a person may realize before he lets on that he does have a problem, but he doesn't have anyone to share that problem with. He doesn't have anyone to turn to. Very often, people don't even know where to go for help. They don't even know help is available. Show some concern and offer to help. That is probably the greatest I can give you because, as I said, these people just don't know how to express a need for help. If you give them that opportunity, that's the open door policy.

Representative BOEHLERT. John, how would you respond to that? When you were in high school and you were drinking and abusing the substance, did any of your friends detect this, your family? Did they come to you and say, "John, you can't do this to yourself?" What was your response?

JOHN. People around my age, it was normal. You had your—I thought back then, squares, the way I looked at it. You had the people that were playing sports, and they were not involved with drugs and alcohol. I thought that it didn't hurt me as far as mentally. It didn't bring me down, but yet it created problems in my life. So I was incarcerated. What I mean, as far as the situation what I see in the schools today, it's unbelievable. I have never heard of 8-year-old kids. My God. It's unreal. I mean, 12, 13 back when I went to school was the thing. But now it's getting lower. I am afraid of it for my happiness.

Senator D'AMATO. I want to thank the entire panel. I want to thank you, John, for coming in. I want to thank the Youth people, the sheriff and the district attorney, Paul, for helping to flush out some of the facts, demonstrating some of the problems on the local area, because our Nation is not composed of communities just like Utica, just like Oneida County. And we think that this problem is confined to just one reason. I think we are making a terrible mistake. I think there is an epidemic. I think, as the sheriff indicated, funding is needed for placing those resources in a way which we can begin to deal with it. And let me tell you, I believe that there is something called a conspiracy of denial. We have all entered into it. And that is, the conspiracy to deny what is taking place to ourselves, to our society, to all these institutions that are so adversely impacted as a result of drug and alcohol abuse. And I don't know when we are going to break that conspiracy or if we'll ever do it, but I'm convinced that if we fail to do it, the result will continue to be tragic loss of life, of a real and meaningful life that so many of our people, certainly never achieving the goals and the domestic tranquility that this Nation is about and for its people. Those goals, to live in peace and tranquility, will be a losing battle because we cannot have so many of our people becoming addicted and hope to attain that domestic tranquility brought to us in the Constitution. I also want to thank the court reporter for the fine job she has done. It's not been an easy one. She has been industriously at this work. My distinguished colleague, Congressman Boehlert for being here and taking time with his schedule.

The subcommittee stands adjourned.

[Whereupon, the subcommittee adjourned, subject to the call of the Chair.]

○